Name in Full: Eugene Able

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Hiffinnville — County: Balto

Date of death 1905: Month: July — Day: 11 — Years: Age 34 — Months — Days

Sex: Male — Color or Race: White — Birthplace: N.Y.

Married, Single or Widowed: Single — Occupation: Bunder Maker

Name of Wife or Husband:

Father's Name: Albert Able — Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving information: Elton H Rechard — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pandemic Epidemic — How long: July 10. 05

Immediate: Uremic Convulsion & Complications — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo S Fine

Address: New Freedom, Pa

Accident or Suicide?

J. B. Harris M.D.

Name in Full: Michael Adams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: | County: Balto. Co.

Date of death 1905 — Month: July | Day: 29th | Years: 70 | Months: — | Days: —

Sex: Male | Color or Race: White | Birthplace: Germany

Occupation: Brick Manf. | Where Residing if not at place of death: 17th & O'Donnell St

Married, Single or Widowed: Married | Name of Wife or Husband: Margaret Adams

Father's Name: Michael Adams | Father's Birthplace: Germany

Mother's Maiden Name: ? | Mother's Birthplace: Germany

Name of person giving Information: Christopher Adams | How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia | How long: 3 mos.

Immediate: Oedema of Lungs | How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. J. McAvoy M.D.

Address: 839 S. Caroline St

Accident or Suicide?

Jas Dignan Asst
Sacred Heart Cem.

Name in Full: William Albert

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown (Town) Balto. (County)

Date of death: 1905 July 17

Age: 2 yrs. (Years) — Months — Days

Sex: Male

Color or Race: White

Birthplace: Balto. Co.

Occupation:

Where Residing if not at place of death: 204 East Ave

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: George Bartholomew Albert,

Father's Birthplace: Balto. City.

Mother's Maiden Name: Maggie Kuhne,

Mother's Birthplace: Balti City.

Name of person giving Information: Father,

How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastro enteritis. — How long: 4 Days

Immediate: Cardiac Syncope, — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. E. McClanahan M.D.

Address: 618 N. Clinton St. Highlandtown

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Louisa M. Amtmann

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown

County: Balto.

Date of death: 1905 Month 7 Day 2

Age: Years 5 Months 27 Days

Sex: Female

Color or Race: White

Birthplace: Balto Co.

Occupation: none

Where Residing if not at place of death: #1419 5th. St.

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: John Amtmann

Father's Birthplace: Balto

Mother's Maiden Name: Cora Sattler

Mother's Birthplace: Balto

Name of person giving Information: John Amtmann

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 2 Days

Immediate: Exhaustion — How long: 2 " "

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: John Girdwood

Address: 1811 E. Balto St.

Accident or Suicide?

PHYSICIAN OR CORONER

J. Herwig & Son

Holy Redeemer Cem.

7/4/05

Name in Full: David Andrew

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gorsuchtown County: Bals.

Date of death 1905 Month: July Day: 17

Age: Years: Months: Days:

Sex: Male Color or Race: White Birthplace: Gorsuchtown

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: David Andrew Father's Birthplace: Glasgow Scotland

Mother's Maiden Name: Ella May Andrew Mother's Birthplace: Bals.

Name of person giving Information: David W. Andrew How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

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Primary: How long:

Immediate: Premature birth How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Corrected from Bals. Cert. blank in ...

Signature of Physician: H. L. Shilling

Address: 809 Greene Ave.

Accident or Suicide?

Name in Full: John Thomas Andrews

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Balto.

Date of death 190 — Month: July — Day: 24 — Age: Years 45 — Months 7 — Days 15

Sex: male — Color or Race: white — Birthplace: Balto, Md

Occupation: tin-can copper — Where Residing if not at place of death:

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Bertha Betkey Andrews

Father's Name: John B. — Father's Birthplace: (?)

Mother's Maiden Name: Elizabeth Lair — Mother's Birthplace: Germany

Name of person giving Information: Martha B. Andrews — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Alcoholism — How long: years

Immediate: Cerebral apoplexy — How long: 10 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: 1023 Gusto St. Balto. Md.

Accident or Suicide?

St Pauls Cemetery
H. Sander Sons

Name in Full: Robert Ayres

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Glen Arm — (County): Baltimore

Date of death: 1905 — Month: July — Day: 13 — Years: — Months: 16 — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Archer Ayers — Father's Birthplace: Maryland

Mother's Maiden Name: Annie Curry — Mother's Birthplace: "

Name of person giving Information: George Ayres — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brain & Spinal disease — How long: 13 months

Immediate: Convulsions — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. S. Green

Address: Gittings Md.

Accident ~~or Suicide~~?

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Name in Full: Baldwin William B.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Leatonsville (County): Balto.

Date of death 1905 (Month): July (Day): 22 Age (Years): 63 (Months): (Days):

Sex: Male Color or Race: white Birthplace: Virginia.

Occupation: Shoemaker. Where Residing if not at place of death: X

Married, Single or Widowed: Widowed Name of Wife or Husband: X

Father's Name: X Father's Birthplace:

Mother's Maiden Name: X Mother's Birthplace:

Name of person giving Imformation: X How related to deceased:

CAUSES OF DEATH

68

PHYSICIAN OR CORONER

Primary: Paranoia How long: 5 yrs.

Immediate: Pulmonary Oedema How long: 48 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Perry Slade

Address: Leatonsville Md.

Accident or Suicide? No.

Name in Full: Christina Barthol

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Balto. Co. — County:

Date of death 1905 — Month: July — Day: 30 — Years: 70 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: House work — Where Residing if not at place of death: 3526 E. Baltimore St.

Married, Single or Widowed: Widow — Name of Wife or Husband: Christina Barthol

Father's Name: I do not know — Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Fred Heilsman — How related to deceased: Grandson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Malaria — How long: 2 weeks

Immediate: Typhoid fever — How long: 3 wks

Are the name, age, sex, color, date and place correctly given above?: yes

Signature of Physician: M. E. Gilroy M.D.

Address: 1 Broadway

Accident or Suicide?

PHYSICIAN OR CORONER

Mamie C Soffer

Name in Full: Frederick E. Bauer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Orangeville (Town) — Balto (County)

Date of death 1905: Month 7 — Day 7

Age: Years — Months 4 — Days 21

Sex: Male — Color or Race: White — Birthplace: Orangeville

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Edward Bauer — Father's Birthplace: Md

Mother's Maiden Name: Catherine Bayer — Mother's Birthplace: "

Name of person giving information: Ed. Bauer — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 weeks.

Immediate: Exhaustion — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Dreax M.D.

Address: 3 and Gough.

Highlandtown.

Accident or Suicide? No

J Herring & Son
Oak Lawn Cem.
7/10/05

Name in Full: August Bayer

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown (Town) — Baltimore (County)

Date of death: 1905 July 1st

Age: Years — Months: 5 — Days:

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Gregor Bayer

Father's Birthplace: Germany

Mother's Maiden Name: Sabina Hindel

Mother's Birthplace: "

Name of person giving information: Gregor Bayer

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 1 wk

Immediate: Exhaustion — How long: 1 wk

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Glantz

Address: 41 Eastern Ave.

Accident or Suicide?

Sacred Heart Cemetery

July 3rd 1905

Germanus Trance

Undertaker

Name in Full: Frederick Benhoff

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton — County: Baltimore

Date of death 1905 — Month: 7 — Day: 8 — Age: Years: 85 — Months: 9 — Days: 21

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband: Frederick C. Benhoff

Father's Name: Not Known — Father's Birthplace:

Mother's Maiden Name: " — Mother's Birthplace:

Name of person giving information: George F. Benhoff Jr — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Morbus (13) — How long: 3 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: C. N. Riley

Address:

Accident or Suicide?

Dr Athey
Mount Carmel
H. Sander & Sons

Name in Full: Pearl M. Bolison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Ellchester — County: Baltimore

Date of death: Month: July — Day: 20 — Years: 1 — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: Ellchester

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Israah Bolison — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Bolison — Mother's Birthplace: Maryland

Name of person giving In formation: Israah Bolison — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Meningitis — How long: 1 wk.

Immediate: Asthenia. — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L. G. Owings

Address: Ellicott City, Md.

Accident or Suicide?

Name in Full: Byard Bolkhart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highlandtown — County: Balti

Date of death 1905 — Month: 7 — Day: 30 — Years: Age — Months: — — Days: 6

Sex: Male — Color or Race: White — Birthplace: Balto. Co.

Occupation: — — Where Residing if not at place of death: 313 Lombard St. E.

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Chas. F. Bolkhart — Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Minich — Mother's Birthplace: Balto.

Name of person giving information: " " — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 12 hours

Immediate: Convulsions — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Dr. J. A. Glantz

Address: 41 Eastern Ave.

Accident or Suicide?

J Herwig & Son
Louden Park
Cemetery
7/31/05

Name in Full: Lavena Bosley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Towson (Town) Baltimore (County)

Date of death: 1905 July (Month) 16 (Day)

Age: Years — Months: 4 — Days: 3

Sex: Female

Color or Race: white

Birthplace: Towson

Occupation: None

Where Residing if not at place of death: Towson

Married, Single or Widowed: Single

Name of Wife or Husband: none

Father's Name: Harry Bosley

Father's Birthplace: Balto Co

Mother's Maiden Name: Josephine Pennington

Mother's Birthplace: Del. Co

Name of person giving Information: Harry Bosley

How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility or Anemia. — How long: About 2 Weeks.

Immediate: Exanction. — How long: about 1 Weeks.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. W. Hawkins M.D.

Address: Towson.

Accident or Suicide?

John Burns Sons
Prospect Hill
Cem. Towson

Name in Full: Roland Thos. Bounds

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Lansdowne — Town; Balt — County

Date of death 1905 — Month: July; Day: 27

Age: Years; Months: 2 and; Days: 3

Sex: Male — Color or Race: White — Birthplace: Balt Co. Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Thos. J. Bounds — Father's Birthplace: Howard Co. Md

Mother's Maiden Name: Musette M. Bounds — Mother's Birthplace: Md

Name of person giving information: Musette M. Bounds — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition — How long: 4 weeks

Immediate: Exhaustion — How long: "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank H. Parke

Address: Lansdowne. Md

Accident or Suicide?

Name in Full: Annie E Bowen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville; County: Baltimore

Date of death 190 5: Month: 7; Day: 14; Years: 47; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Balto. Co.

Married, Single or Widowed: Married; Occupation: Housewife

Name of ~~Wife or~~ Husband: John Bowen

Father's Name: Gideon Herbert; Father's Birthplace: Penna.

Mother's Maiden Name: Elizabeth Feelemyer; Mother's Birthplace: Md.

Name of person giving information: Maud Bowen; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma liver; How long: Several months

Immediate: Exhaustion; How long: —

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Irvin Kaufman

Address: Pikesville Md

Accident or Suicide?

PHYSICIAN OR CORONER

at Druid Ridge

C. H. Graft

Name in Full: Bridget Lane Brady.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Beaver Dam. County: Balto

Date of death 190 — Month: 7. Day: 9 Age — Years: 51 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Ireland

Occupation: Housewife Where Residing if not at place of death: Beaver Dam

Married, ~~Single, or Widowed~~ ~~Name of Wife or~~ Husband: Thomas Brady.

Father's Name: James Lane Father's Birthplace: Ireland

Mother's Maiden Name: Bridget Conroy Mother's Birthplace: Ireland

Name of person giving information: Thomas Brady How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Apoplexy How long: 6 Months

Immediate: Uremia (Albuminuria) How long: 6 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Cockeysville, Md

Accident or Suicide? Neither

PHYSICIAN OR CORONER

LIBRARY BUREAU A43016

Interment at Tarpon
Cemetery Friday 11th

W. C. Brooks
Please return permit

Name in Full: Charles Jacob Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boring; County: Balt

Date of death 1905: Month: 7.; Day: 2.; Age: Years —; Months: 4.; Days: 11

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: Dennis Brooks; Father's Birthplace: Md

Mother's Maiden Name: Goldie Benson; Mother's Birthplace: Md

Name of person giving information: Dennis Brooks; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Stuttering; How long: —

Immediate: Diarrhea; How long: week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas A Wilson

Address: Frederick Md

~~Accident or Suicide~~?

PHYSICIAN OR CORONER

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Name in Full: Lillian Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Balto

Date of death 1905 — Month: 7. — Day: 13 — Age: Years: — Months: 3 — Days: 18

Sex: Female — Color or Race: White — Birthplace: Balto

Occupation: None — Where Residing If not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Charles Brown — Father's Birthplace: New York

Mother's Maiden Name: Laura Morgan — Mother's Birthplace: Pennsylvania

Name of person giving Information: Charles Brown — How related to deceased: Father

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 3 weeks

Immediate: Ex haustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Thos. H. Magness M.D.

Address: Canton Dispensary, Hudson & Curley Sts

Accident or Suicide?

R. Landis Sons
Mt. Carmel Pa

Name in Full: Sarah Ann Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Worthington Valley — County: Howard

Date of death 1905 — Month: July — Day: 29 — Age: Years: — Months: — Days: 1

Sex: Female — Color or Race: White — Birthplace: Worthington Valley

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — ~~Name of~~ Wife or Husband: X

Father's Name: Jno R Brown — Father's Birthplace: Md

Mother's Maiden Name: Ida Tumbaugh — Mother's Birthplace: Md

Name of person giving information: Jno R Brown — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Imperfect Valves of heart — How long: 1 day

Immediate: X — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F Rowe Price

Address: Glyndon Md

~~Accident or Suicide~~?

Name in Full: Bernattine Browning

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Rowlesburg (Town) Preston (County)

Date of death: 1905 July 24

Age: 9 Years, Months, Days

Sex: Female

Color or Race: white

Birthplace: Germany

Occupation: Housework

Where Residing if not at place of death:

~~Married, Single~~ or Widowed

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation: Noah Bauer

How related to deceased: Daught

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: 4 or 5 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correct given above? Yes

Signature of Physician: Fred Core

Address: Fairmont Md.

Accident or Suicide?

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Name in Full: Irene B. Bryan

CERTIFICATE OF DEATH

MARYLAND

Died at: Govanstown (Town) — Balto (County)

Date of death 1905: Month: July — Day: 8 — Age: Years: 0 — Months: 4 — Days: 5

Sex: Female — Color or Race: White — Birthplace: Govanstown

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: N. B. Bryan — Father's Birthplace: York Co Pa

Mother's Maiden Name: L. Vandenberg — Mother's Birthplace: Canada

Name of person giving information: N B Bryan — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 28 hours

Immediate: " " — How long: " "

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: H. C. Hess M.D.

Address: 814 H Govans Balto Md

Accident or Suicide? neither

PHYSICIAN OR CORONER

105

Interment at
Presbyterian burial
ground
Wm Cook
[illegible] E. North [illegible]

Name in Full: Charles H. Buckman

CERTIFICATE OF DEATH

MARYLAND

Died at: Baynesville (Town) — Balto. (County)

Date of death 1905: July (Month) 20 (Day)

Age: 68 Years — Months — Days

Sex: Male

Color or Race: white

Birthplace: Balto. Co.

Occupation: Farmer

Where Residing if not at place of death: Baynesville

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband: —

Father's Name: Samuel Buckman

Father's Birthplace: —

Mother's Maiden Name: Annie Bowen

Mother's Birthplace: Balto Co

Name of person giving information: Mrs George Bowen

How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart trouble — How long: Several years

Immediate: Heart failure from heat — How long: Few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. M. Duncan

Address: Gorsuchtown Md

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

John Burns Sons
Prospect Hill cem

Name in Full: William A. Bull

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Whitehall (County): Baltimore

Date of death: Month 7 Day 31 1905 Age: Years 61 Months Days

Sex: male Color or Race: White Birthplace: Balto. Co. md

Occupation: Labor Where Residing if not at place of death: Baltimore md

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Nicholas W. Bull Father's Birthplace: md

Mother's Maiden Name: Hannah maye Mother's Birthplace: ~

Name of person giving In formation: George A. Bull How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic nephritis How long: Five months

Immediate: Uremia How long: Three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. C. Houser M.D.

Address: White Hall Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Mrs Anna Callahan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Mt Hope Retreat — County: Balto -

Date of death: 1905 — Month: July — Day: 5 — Years: 59 — Months: unknown — Days: unknown

Sex: Female — Color or Race: White — Birthplace: Ireland -

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: unknown

Father's Name: unknown — Father's Birthplace:

Mother's Maiden Name: " — Mother's Birthplace:

Name of person giving information: Recds Mt Hope — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia — How long: 7 or 8 yrs

Immediate: Albuminuria & Uremia — How long: abt 12 mos -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flanery

Address: Mt Hope Retreat Balto Co Md -

Accident or Suicide?

LIBRARY BUREAU A69316

Name in Full: Ella Marie Cantwell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bay River — County: Baltimore

Date of death: 1905 July 1 — Age: — Years — Months 1 — Days 7

Sex: Female — Color or Race: White — Birthplace: Balto Co.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: James Cantwell — Father's Birthplace: Balto Co

Mother's Maiden Name: Addie Forester — Mother's Birthplace: Anne Arundel

Name of person giving information: Father — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 3 days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. L. Schofield

Address: 1400 F-street

Accident or Suicide?

Holy Oak Cem.
Harry E. Hughes

Name in Full: Maud Estelle Chambers

CERTIFICATE OF DEATH

MARYLAND

Died at: Ella (Town) — County: Balto.

Date of death 1905 — Month: July — Day: 4 — Age: Years 9 — Months 8 — Days —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: — —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Winfield Chambers — Father's Birthplace: —

Mother's Maiden Name: Lilly Belle Dayhoff. — Mother's Birthplace: Md.

Name of person giving information: Wm H. Dayhoff. — How related to deceased: Grand Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: * Diphtheria left weak heart — How long: 10 days

Immediate: Heart failure — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: L. J. Byrne

Address: Ellicott City Md.

Accident or Suicide? —

* over

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LIBRARY BUREAU A66818

The deceased had had diphtheria between 2 and 3 week before July 4th and had recovered from it; but was left with a weak heart.

B. J. Byrne

Name in Full: Charles Meriwether Christian

CERTIFICATE OF DEATH

MARYLAND

Died at: Long Branch (Town) Baltimore (County)

Date of death 1905 — Month: July — Day: 20 — Age: Years 65, Months 6, Days 8

Sex: Male — Color or Race: White — Birthplace: Virginia

Occupation: Salesman — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Linda L. Christian

Father's Name: Heath James Christian — Father's Birthplace: Virginia

Mother's Maiden Name: Martha James Turney — Mother's Birthplace: Virginia

Name of person giving Information: Martha Emerald Christian — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mitral Insufficiency — How long: ?

Immediate: Heart — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Robertson M.D.

Address: 2129 E. Baltimore St

Accident or Suicide? —

PHYSICIAN OR CORONER

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Loreley — County: Baltimore

~~Date~~ of death 190 5 — Month: 7 — Day: 19 — Age: Years: — Months: 2 — Days:

Sex: Male — ~~Color or Race~~: Colored — Birth-place: Loreley

Occupation: — Where Residing if not at place of death:

~~Married, Single or Widowed~~ — Name of Wife or Husband:

Father's Name: Harry Clark — Father's Birthplace: Harford Co

Mother's Maiden Name: Annie Berry — Mother's Birthplace:

Name of person giving In formation: Oscar Berry — How related to deceased: Grand father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentary — How long: 1 week

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Harry Schutz

Address: undertaker. upper Falls. Md.

Accident or Suicide? no.

Name in Full: Richard Clark

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Marble Hill Baltimore Co (County) Baltimore Co

Date of death 1905 Month July Day 27 Years — Months 2 Days 20

Sex Male Color or Race Colored Birthplace Marble Hill Md Baltimore

Occupation Infants Where Residing if not at place of death At Home

Married, Single or Widowed single Name of Wife or Husband

Father's Name Dont Know Father's Birthplace

Mother's Maiden Name Lelia Clark Mother's Birthplace Dulany Valley Md Baltimore

Name of person giving In formation Gus. Clark How related to deceased Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Diarrhoea How long 2 days

Immediate General failure of vital powers How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr J E Benson

Address Cockeysville Md

Accident or Suicide?

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Interment at Sherwood
Cemetery Cockeysville

M. C. Brooks

Name in Full: Geo. H. Clay

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Orangeville — County: Balto

Date of death 1905 — Month: 7 — Day: 16 — Age: Years 43 — Months 4 — Days 7

Sex: Male — Color or Race: White — Birthplace: Balto.

Occupation: Dairyman — Where Residing if not at place of death: 11th near Lombard St.

Married, Single or Widowed: M. — Name of Wife or Husband: Marguerita Clay

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Marguerita Clay — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach — How long: 2½ yr.

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Fredk Carnett

Address: 2229 E Baltc St.

Accident or Suicide?

J Herwig & Son
Oak Lawn Cem.
7/18/05

Name in Full: Eliza Clayton

CERTIFICATE OF DEATH

MARYLAND

Died at: Towson (Town) — Baltimore (County)

Date of death: 1905 July 6

Age: Years 19 — Months — Days —

Sex: Female

Color or Race: (Col)

Birthplace: Md.

Occupation: Housework

Where Residing if not at place of death: Towson

~~Married, Single or Widowed~~

~~Name of Wife or Husband~~

Father's Name: George Clayton

Father's Birthplace: Md.

Mother's Maiden Name: Sophia Clayton

Mother's Birthplace: Md.

Name of person giving information: Frank Clayton

How related to deceased: friend

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CAUSES OF DEATH

Primary: General Tuberculosis — How long: 2 years

Immediate: Cardiac Asthenia — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Roger Green M.D.

Address: Towson Md.

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Robt A. Elliott
Laurel Cemetery
Baltimore City

Name in Full: Mrs Adalphine Clemens

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Cockeysville (County): Balto

Date of death: Month 1905 July; Day 21; Years 90; Months 4; Days 0

Sex: Female; Color or Race: white - German; Birthplace: Sotohin Holland

Occupation: Housewife; Where Residing if not at place of death: at place of death

Married, Single or Widowed: widow; Name of ~~Wife or~~ Husband: John Herman Clemens

Father's Name: Heinrich Schmidtz; Father's Birthplace: Unknown

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving information: Daughter Mrs Lorman Gover; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Arterio Sclerosis; How long: for one year

Immediate: Senile Gangrene - (Leg); How long: 4 weeks.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr W. R. Benson

Address: Cockeysville Md

~~Accident or Suicide~~?

PHYSICIAN OR CORONER

To be buried at Ashland
Cemetery July 23.

W. C. Brooks

Please return the Transit
Permit. Please return
on 6 O'clock Mail

Name in Full: Mary Collins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown; County: Balto

Date of death 1905: Month: July; Day: 21; Years: 70; Months: —; Days: —

Age

Sex: Female; Color or Race: white; Birthplace: Maryland

Married, Single or Widowed: married; Occupation: Housewife

Name of Wife or Husband: George W Collins

Father's Name: Isaac Collins; Father's Birthplace: Md

Mother's Maiden Name: Catherine Peck; Mother's Birthplace: Md

Name of person giving information: Ida Chalk; How related to deceased: Daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy; How long: 10 days.

Immediate: Paralysis; How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H C Hoeselt M.D.

Address: Sta. H (Govans) Balto Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

Burial at
Mount Carmel
Cemetery. July. 24
William Coolf.
50 N.E. North Ave

Name in Full: John Joseph Corcannon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Towson — (County): Balto

Date of death: 1905 — Month: July — Day: 18 — Years: 69 — Months: 9 — Days: 23

Sex: M — Color or Race: White — Birthplace: Ireland

Occupation: Sugar Planter — Where Residing if not at place of death: Cumberland Md

Married, Single or Widowed: Widowed — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving information: E. A. Burch — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia — How long: Jany 1903

Immediate: Pulmonary Oedema — How long: few hours

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician:

Sheffield & Burch Prop — Address: Hosp — Towson Md

Accident or Suicide? No.

H. W. Jenkins Sno C

Cumberland

Md

Name in Full: Adolphus Cooke

CERTIFICATE OF DEATH

MARYLAND

Died at: Hereford (Town) Balto. (County)

Date of death 190: July (Month) 30th (Day)

Age: Years 65 Months Days

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Retired

Where Residing if not at place of death: —

Married, ~~Single or Widowed~~: Married

Name of Wife or Husband: Rachel Clarke

Father's Name: Dr. S. John Cooke

Father's Birthplace: Prince George Co

Mother's Maiden Name: Susanna Duvall

Mother's Birthplace: not known

Name of person giving Information: Nita Cooke

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diabetes — How long: 3-4 yrs.

Immediate: Sy Hausion — How long: some mts

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H Louis Naylor

Address: Pikesville Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: John G. Cosgrove

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highlandtown — County: Balto

Date of death: Month 7 — Day 6 — 1905

Age: Years — — Months — — Days 21

Sex: male — Color or Race: White — Birthplace: Balto. Co.

Occupation: none — Where Residing if not at place of death: 449 Gough St.

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Wm Cosgrove — Father's Birthplace: Balto.

Mother's Maiden Name: Mary Schmeiser — Mother's Birthplace: " "

Name of person giving information: Wm Cosgrove — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: one week

Immediate: asthenia — How long: three days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. L. Burke - M. D.

Address: 222 O'Donnell St

Accident or Suicide?

J. Hennig & Son

JM Carmel

7/8/05

Name in Full: Mary Crouse

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Violetville — County: Balt

Date of death 190: Month: July — Day: 9 — Age: Years: 0 — Months: 8 — Days: 23

Sex: Female — Color or Race: White — Birthplace: Violetville

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: ~~Frederick Crouse~~

Father's Name: Frederick Crouse — Father's Birthplace: Balt

Mother's Maiden Name: Josephine Bertling — Mother's Birthplace: Balt Co

Name of person giving information: Frederick Crouse — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Prematurity — How long: ——

Immediate: General Asthenia — How long: Life

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. W. Jones M.D.

Address: 1296 Frederick Ave.

Accident or Suicide? No

PHYSICIAN OR CORONER

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Name in Full: Joseph Edward Cunnane

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: St. Agnes' Hosp. Town: ? County: Balto.

Date of death: Month: July Day: 7 Years: 24 Months: Days:

Age: 24

Sex: Male Color or Race: White Birthplace: Balto.

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: John Cunnane Father's Birthplace: Ireland

Mother's Maiden Name: Mary Eliz. Norfolk Mother's Birthplace: Balto.

Name of person giving information: How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long:

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. P. Mera M.D.

Address: St. Agnes Hospital

Accident or Suicide?

Name in Full Mary E. Cunningham

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Spring Point. (County) Baltimore

Date of death: 1905 Month: July Day: 26th Years: Age Months: 8 Days: 22

Sex: Female Color or Race: White Birthplace: Spring Point

Occupation: None Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband:

Father's Name: John J. Cunningham Father's Birthplace: New York

Mother's Maiden Name: Cintia Shukelfurd Mother's Birthplace: England

Name of person giving information: J. J. Cunningham How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero Colitis How long: 13 days

Immediate: Exhaustion How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. A. Eldred M.D.

Address: Spring Point Md

~~Accident or Suicide?~~

Name in Full: Mary E Curran

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Ellicott City County: Baltimore

Date of death: 1905 Month: July Day: 18. Years: 71 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: House keeper Where Residing if not at place of death: Ellicott City

Married, Single or Widowed: Widowed Name of Wife or Husband: Matthew Curran.

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving In formation: Emma Curran How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Poison How long: 8 yrs

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos B Downs MD

Address: Ellicott City

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Miss Mary Curran

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: St. Agnes Hosp. (Town) Balto. (County)

Date of death 190: July (Month) 7 (Day)

Age: Years 89 Months Days

Sex: Female

Color or Race: White

Birthplace: Balto.

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Martin Curran

Father's Birthplace: Ireland

Mother's Maiden Name: Sarah —

Mother's Birthplace: Ireland

Name of person giving Information: Stephen Curran

How related to deceased: Grand-nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age

How long:

Immediate: Pulmonary Oedema

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. Moore M.D.

Address: St. Agnes Hospital

Accident or Suicide?

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Name in Full: William Dar.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dar. County: Baltimore

Date of death 190 6 — Month: July Day: 8

Age: Years: about 68 Months: — Days:

Sex: Male Color or Race: White Birthplace:

Married, Single or Widowed: married Occupation: Laborer

Name of Wife or Husband: Ellen Coon

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Epithelioma How long: about 6 mo.

Immediate: — How long: 3 mo.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas. L. Yagle.

Address: New Freedom, Pa.

Accident or Suicide? —

Name in Full: Bertie Deal Colored 7/30/IX

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Westport County: Balto

Date of death 190 5 Month: 7 Day: 30 Years: 23 Months: — Days: —

Sex: Female Color or Race: Colored Birthplace: Md.

Married, Single or Widowed: Married Occupation: Housewife

~~Name of Wife or~~ Husband: Wally Deal

Father's Name: Father's Birthplace: —

Mother's Maiden Name: Mother's Birthplace: —

Name of person giving In formation: William A. Moore How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Blows on Head How long: — —

Immediate: Congestion of the Brain How long: — —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: August W. Miller Coroner

Address: M. Winans Balto County Md

Accident or Suicide: Homicidal

LIBRARY BUREAU A28516

Name in Full 6 months pregnancy Dehms (Ba. No.)

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Morrell Park	County: Balto	
Date of death 1905	Month: 7	Day: 9	Years / Months / Days: Age 8 hours
Sex: Male	Color or Race: White	Birthplace: Morrell Park	
Married, Single or Widowed: X	Occupation: —		
Name of Wife or Husband: X			
Father's Name: Charles Dehms		Father's Birthplace: Baltimore	
Mother's Maiden Name: Ida Walker		Mother's Birthplace: Baltimore	
Name of person giving information: Chas Dehms		How related to deceased: Father	

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature 6 mo	How long:
Immediate:	How long:
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: T B Hall
	Address: 1111 Monroe
Accident or Suicide?	

Knell
Cedar Hill

Name in Full: Myrtle M. Donnelly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 11 Fairview County: Balto Co

Date of death 1905 Month: 7 Day: 14

Age Years: — Months: 5 Days: 4

Sex: Female Color or Race: White Birthplace: Md

Occupation: None Where Residing if not at place of death: 11 Fairview

~~Married~~, Single or ~~Widowed~~: Single Name of Wife or Husband: —

Father's Name: Daniel P. Donnelly Father's Birthplace: Md

Mother's Maiden Name: Margaret A. Downs Mother's Birthplace: Md

Name of person giving Information: Margaret A. Donnelly How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Gastro enteritis How long: 7 days

Immediate: Spasms How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: M.C. McCloughan M.D.

Address: 618 N. Clinton St.

Accident or Suicide?

PHYSICIAN OR CORONER

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Name in Full: Anton Dorn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Baltimore

Date of death — Month: July — Day: 28 4 — Year: 1905

Age — Years: 58 — Months: 2 — Days:

Sex: Male — Color or Race: White — Birthplace: Balto. Co. Md.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife ~~or Husband~~: Elizabeth Feldman

Father's Name: John Dorn — Father's Birthplace: Germany

Mother's Maiden Name: don't know — Mother's Birthplace: Germany

Name of person giving Information: Elizabeth Dorn — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart failure — How long:

Immediate: " " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Coroner: John G. Mueller

Address: 716 O'Donnell st

~~Accident or Suicide?~~

Sacred Heart Cemetery
July 31st 1905
Germanus Thanne
Under later

Name in Full: Harriet Ann Dorsey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Ecclestone Station

County: Balto.

Date of death 1905 — Month: July — Day: 6.

Age — Years: 59 — Months: — Days: —

Sex: Female

Color or Race: Colored

Birthplace: Pocomoke City Md

Married, Single or Widowed: Widow -

Occupation: Family Servant.

Name of Wife or Husband: Edward W. Dorsey

Father's Name: Samuel Ward -

Father's Birthplace: Pocomoke City Md

Mother's Maiden Name: ?.

Mother's Birthplace: " "

Name of person giving In formation: Edward T. Dorsey (Son)

How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease

How long: 1½ yrs.

Immediate: " "

How long: Two minutes.

Are the name, age, sex, color, date and place correctly given above?: Yes

Signature of Physician: John Steiger Davis M.D.

Address: 1215 Cathedral St. Balto.

Accident or Suicide?

Name in Full: George H Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Delight — County: Balto

Date of death 1905 — Month: July — Day: 23 — Years: 63 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Balto City

Occupation: Daysaborer — Where Residing if not at place of death: —

Married, Single or Widowed: widower — Name of Wife or Husband: Georgeanna Dorsey

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Isach Gee — How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Lagrippe and Bronchitis — How long: 3 months

Immediate: Apoplexy — How long: Instant

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James Gorr M.D.

Address: Reisterstown

PHYSICIAN OR CORONER

~~Accident or Suicide~~?

Name in Full: Belle. Duke.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Maryland Line (Town) Balto. (County)

Date of death 1905 Month: July Day: 29

Age: Years — Months — Days: Two

Sex: Female

Color or Race: white

Birth place: Maryland Line

Occupation: —

Where Residing if not at place of death: " "

~~Married~~, Single ~~or Widowed~~

Name of Wife or Husband: —

Father's Name: Chas. Duke

Father's Birthplace: Penna.

Mother's Maiden Name: Mada C. Keys

Mother's Birthplace: Md.

Name of person giving In formation: Chas. Duke

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN ~~OR CORONER~~

Primary: Premature birth — How long

Immediate: Inviability — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: G. Nelson Dunniak,

Address: Stewartstown, York Co. Pa.

Accident or Suicide?

Name in Full: Birdie Duke

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Maryland Line — County: Baltimore

Date of death: Month: July — Day: 27 — 1905

Age: Years: Few hrs — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland Line

Occupation: None — Where Residing if not at place of death: "

Married, Single or Widowed: Single — ~~Name of Wife or Husband~~

Father's Name: Chas. A. Duke — Father's Birthplace: Penna.

Mother's Maiden Name: Mada C. Keys — Mother's Birthplace: Maryland

Name of person giving In formation: Chas A. Duke — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth — How long: —

Immediate: Invisible — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: L. Roland Dunnick

Address: Stewartstown, York Co., Pa

Accident or Suicide?

Name in Full: Dorothy C. Demming

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown; County: Baltimore

Date of death 1905: Month: July; Day: 23; Years: 3; Months: 9; Days:

Sex: Female; Color or Race: White; Birthplace: Govanstown Md

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: Robt. H. Demming; Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Hartmate; Mother's Birthplace: Maryland

Name of person giving information: Mabel Demming; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Desease; How long: all life

Immediate: Heart Desease; How long: Few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. H. Duncan

Address: Govanstown Md

PHYSICIAN OR CORONER

~~Accident or Suicide?~~

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H C Weidefeld

Greenmount Cem.
Balto.

Name in Full: Wm Duering

CERTIFICATE OF DEATH

MARYLAND

Died at Upland Home, Town; Baltimore, County

Date of death 1905 — Month: July; Day: 26; Age — Years: 76; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Baltimore City

Occupation: Labor; Where Residing if not at place of death: Upland Home

Married, Single or Widowed; Name of Wife or Husband:

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving information: George Conway; How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: ; How long: he was sick when

Immediate: Pulmonary Tuberculosis; How long: admitted

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Thos. C. Bussey

Address: Texas Md

Accident or Suicide? No.

PHYSICIAN OR CORONER

John Burns Sons
Mary is Corr.

Name in Full: Elvin M. Eagleston

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown (Town) Balto (County)

Date of death: 1903 Month: 7 Day: 13

Age: Years — Months: 2 Days: 7

Sex: Female Color or Race: White Birthplace: Balto

Occupation: — Where Residing if not at place of death: 202 Pratt St. Ex

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Wm J. Eagleston Father's Birthplace: Balto.

Mother's Maiden Name: Hattie J. Stallings Mother's Birthplace: " "

Name of person giving information: Wm J. Eagleston How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteritis How long: 60 days

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J H Gorhane MD

Address: 1303 Light St

Accident or Suicide?

Balto Cem.

J Herwig & Son

7/14/05

Name in Full: Viola Engel

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Orangeville — County: Balto

Date of death: Month 7, Day 14, 1903

Age: Years —, Months 1, Days 14

Sex: Female

Color or Race: White

Birthplace: Balto. Co.

Occupation: none

Where Residing if not at place of death: 403 Orleans St. E.

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: John Smith

Father's Birthplace: Balto

Mother's Maiden Name: Minnie Engel

Mother's Birthplace: "

Name of person giving Information: Minnie Engel

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: Marasmus

How long: 1 Month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. Warner

Address: 1120 Highland Ave

Accident or Suicide? No

PHYSICIAN OR CORONER

J Herwig & Son
Mt Carmel
7/15/05

Name in Full: Mrs John Evering

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Rossville County: Baeto

Date of death 1905 Month: July Day: 18 Years Age: 66 years Months: — Days: —

Sex: Female Color or Race: White Birthplace: Md

Occupation: — Where Residing if not at place of death:

~~Married, Single~~ or Widowed: Name of Wife or Husband: John Evering

Father's Name: — Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 6 Mo

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C Wallace

Address: Rossville Md

Accident or Suicide?

Name in Full: Baby Evitt

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Roland Park (Town) — Baltimore (County)

Date of death 1905: Month: July — Day: 14 — Years: — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Roland Park

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Harry G. Evitt S — Father's Birthplace: Baltimore Md

Mother's Maiden Name: Florence M. Klank — Mother's Birthplace: " "

Name of person giving information: Harry G. Evitt — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cranitomy — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Gibson Porter

Address: Roland Park Md.

Accident or Suicide? No —

Name in Full: David Forman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Highland Town (County): Balto. Co.

Date of death 1905 (Month): July (Day): 14th

Age (Years): 6 (Months): mo (Days):

Sex: Male

Color or Race: White

Birthplace: Balto. Co.

Occupation:

Where Residing if not at place of death: 202 Fail Ave.

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: David Forman

Father's Birthplace: Maryland

Mother's Maiden Name: Louisa Adams

Mother's Birthplace: Jessamine, Md.

Name of person giving information: David Forman

How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: 13 wks.

Immediate: Gastro enteric infection

How long: 21 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. E. McDonald M.D.

Address: 618 N. Clinton St. Highland Town

Accident or Suicide:

Name in Full: Stanley Freeland

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Ashland — Town; Balto. — County

Date of death: 1905 — Month: 7 — Day: 14. — Age: Years: 1 — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Ashland Md.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Charles Freeland — Father's Birthplace: Md

Mother's Maiden Name: Mame Barham — Mother's Birthplace: Md

Name of person giving information: Carroll Freeland — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wilmer C. Enson

Address: Cockeysville Md.

~~Accident or Suicide?~~

To be Buried at
Jesopts Church cemetery
ashland
By Enson & Price

Name in Full: Ludwig R. Galendamann

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Highlandtown (Town) — Balto (County)

Date of death: 1905 — Month: July — Day: 4

Age — Years: — Months: 10 — Days: 13

Sex: Male — Color or Race: White — Birthplace: Balto City

Occupation: — Where Residing if not at place of death: Do

~~Married, Single or Widowed~~: Single — Name of Wife or Husband:

Father's Name: Robt. C. Galendamann — Father's Birthplace: Germany

Mother's Maiden Name: Louisa " — Mother's Birthplace: "

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery — How long: 2 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Potter

Address: ~~J. Sth~~ 5 S. Broadway, Balto, Md.

Accident or Suicide? —

14

Immanuel Cemetary

U

CHRISTIAN MILLER.

UNDERTAKER & EMBALMER.

2334 Jefferson St. N. W. Cor. Montford Ave.

Baltimore Md.

Name in Full: Catherine Gaugh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Cella (Town) Baltimore (County)

Date of death: 1906 July 26 (Month, Day)

Age: Years 68, Months —, Days —

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: House Keeper

Where Residing if not at place of death: Cella

Married, Single or Widowed: Married

Name of Wife or Husband: William H Gaugh

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving In formation: Warren Gaugh

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes

How long: 6 mos to my knowledge

Immediate: Diabetic Coma

How long: 2 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. W. B. Hogues

Address: Ellicott City Md

Accident or Suicide? —

Name in Full: William Webster Gehb

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mt Winona (Town) — Baltimore (County)

Date of death: 1905 — Month: July — Day: 27

Age: Years — Months: 6 — Days: 1

Sex: Male — Color or Race: White — Birthplace: Balt Co. Md.

Occupation: Infant — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Philip J. Gehb. — Father's Birthplace: Balt Co. Md.

Mother's Maiden Name: Katie Lee Webster — Mother's Birthplace: Dorchester Co. Md.

Name of person giving information: Philip J. Gehb — How related to deceased: father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 Weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank. H. Rubel

Address: Lansdowne. Md

Accident or Suicide?

Seewald
London Park

Name in Full: Charles Goetz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Canton (County) Baltimore

Date of death 1905 (Month) July (Day) 24 Age (Years) 44 (Months) 11 (Days) 14

Sex Male Color or Race White Birthplace Germany

Occupation Bricklayer Where Residing if not at place of death 103 N Port St

Married, Single or Widowed Married Name of Wife or Husband Annie Goetz

Father's Name Herman Goetz Father's Birthplace Germany

Mother's Maiden Name Not Known Mother's Birthplace Germany

Name of person giving information Charles F W Goetz How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Accidental Drowning How long

Immediate " " " How long

Are the name, age, sex, color, date and place correctly given above? Jos

Signature of Physician Coroner J Mc G Mueller

Address 216 O'Donnell st

Accident or ~~Suicide?~~

Name in Full — Certificate of Death

Jno W Gordon

Died at — Town: Frankliniville — County: Balto Co — MARYLAND

Date 189 1905 July 3rd — Month — Day — Age Y. 69 M. 3 D. 6 — Native of Md. — Occupation Carpenter

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living 4

Husband / Wife of Kate Galloway

Father's Name Andrew Gordon — Mother's Name Elizabeth England

Cause of Death — Primary: Brights Disease — How long sick 6 Years

Immediate: Heart Failure — ~~Accident~~, Suicide, ~~Homicide~~

Reported by Charles Bagley MD

Address Bagley, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ostermann
Frankfurt
N.Y.

Name in Full: Thomas W. Gordon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Delight

County: Baltimore

Date of death: Month: July 1905 | Day: 19

Age: Years: 58 | Months: 11 | Days: 3

Sex: Male

Color or Race: White

Birthplace: Harford Co

Occupation: Hotel Proprietor

Where Residing if not at place of death: Baltimore Co

Married, Single or Widowed: Married

Name of Wife or Husband: Margaret E. Gordon

Father's Name: Martin Gordon

Father's Birthplace: Ireland

Mother's Maiden Name: Margaret E. Casey

Mother's Birthplace: Ireland

Name of person giving information: Jeannette Gordon

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis — How long: 7 yrs

Immediate: Uraemia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. M. Slade

Address: Reisterstown Md.

Accident or Suicide?

Name in Full: Lena B. Green

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cross Keys; County: Balto Co

Date of death: Month: July; Day: 9; Years: 1905; Age: 30; Months: ; Days: ——

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: Invalid; Where Residing if not at place of death: Cross Keys

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Geo Green; Father's Birthplace: Md

Mother's Maiden Name: E. C. Bond; Mother's Birthplace: Md

Name of person giving information: John Bond; How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption; How long: 6 months

Immediate: Hemorrhage of lungs; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr G W Bennard

Address: 708 Cross St

Accident or Suicide?

A S Marshall
3509 Falls Road

From Church
Relation
Balto Co

July 11-05

Name in Full: Margaret A. Grim

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto

Date of death 1905: Month: July; Day: 13; Years: 67; Months: 11; Days: —

Sex: Female; Color or Race: White; Birthplace: Germany

Married, ~~Single or Widowed~~; Occupation:

Name ~~of Wife~~ or Husband: John Grim

Father's Name: George Uwel; Father's Birthplace: Germany

Mother's Maiden Name: Margaret Uwel; Mother's Birthplace: Germany

Name of person giving information: George Grim; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Malignant disease of the rectum; How long: about 3 years

Immediate: Inanition; How long: —

Are the name, age, sex, color, date and place correct given above?

Signature of Physician: Geo. F. Macgill

Address: Catonsville

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full — Certificate of Death

Chas. E. Grace

Died at — Town: Mt Airy — County: Baltimore — MARYLAND

Date 19[illegible]05 — Month Day: 7-22 — Age: Y. - M. 1 D. 17 — Native of: Md — Occupation: —

Male — White — ~~Married~~ — ~~Widow~~ — Divorced

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — Number of children living ——

Husband of / Wife ——

Father's Name: Chas H Grace — Mother's Maiden Name: Mary Sanderson

Cause of Death — Primary: Premature Birth — How long sick: about thirty hours

Immediate: Convulsions — Accident, Suicide, Homicide

Reported by: W W Campbell M. D.

Address: Ferry & Mill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Haines

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Manchester Town Carroll County Balt County

Date of death 1905 Month 7 Day 9 Years Age — Months — Days —

Sex Male Color or Race White Birthplace Manchester Md

Occupation — Where Residing if not at place of death at Manchester Md

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Wm Haines Father's Birthplace Germany

Mother's Maiden Name Elizabeth Kavanah Mother's Birthplace —

Name of person giving information Father How related to deceased —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Still born How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Thos B Orr M.D.

Address Westminster Md

Accident or Suicide? —

Name in Full: Infant child of Edwin Virginia Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Arlington — Town; Balto — County

Date of death 1905: Month 1; Day 31

Age: Years; Months; Days 1

Sex: Female

Color or Race: White

Birthplace: Balto Co. Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: J. Edwin Hall

Father's Birthplace: Balto Co Md

Mother's Maiden Name: Virginia Griffith

Mother's Birthplace: Balto Md.

Name of person giving In formation: J Edwin Hall

How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

179

Primary: Unknown — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. G. Handesty.

Address: S'th Balto City.

Accident or Sulcide?

PHYSICIAN OR CORONER

Name in Full: Samuel L. Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Highlandtown		County Balto.	
Date of death 1905	Month July	Day 16	Years 53
Months 10	Days 20		
Sex Male	Color or Race White	Birthplace Penn.	
Occupation Fireman	Where Residing if not at place of death 310 Bank St. Apt		
Married, Single or Widowed Married	Name of Wife or Husband Mary A. Hall		
Father's Name Samuel Hall	Father's Birthplace Md		
Mother's Maiden Name Eliza Tyson	Mother's Birthplace Md		
Name of person giving information Mary A. Hall	How related to deceased wife		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Phthisis Pulmonalis	How long
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. J. Warner
	Address 112 Highland St
Accident or Suicide? no	

Dr. Warner
Mt Carmel
H. Sander & Sons

Name in Full: Bernie E. Hammond

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at 228 Philadelphia Rd (Town) Baltimore (County)

Date of death 1905 — Month: July — Day: 22 — Age: Years 7 — Months 2 — Days 2

Sex: Male — Color or Race: White — Birthplace: Balto Co. Md

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Edward Hammond — Father's Birthplace: Balto Md

Mother's Maiden Name: Emma Harris — Mother's Birthplace: Kent Co. Md

Name of person giving information: Edward Hammond — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria — How long: 8

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wright S. Sadler M.D.

Address: 1446 Highland Ave

Accident or Suicide?

Dr Sullivan,
[illegible] of the Island on
Mt Carmel Glen
July 22. 1905

Name in Full: William Henry

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mt Hope Retreat — County: Balto

Date of death 1905 — Month: July — Day: 10th — Years: 41 — Months: unknown — Days: unknown

Sex: Male — Color or Race: white — Birthplace: Phila Pa.

Occupation: Clerk. — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: ——

Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving Information: Recds Mt Hope — How related to deceased: not at all.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Chronic — How long: abt 3 yrs.

Immediate: Pul. Tuberculosis — How long: abt 1 year.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank J. Flannery M.D.

Address: Mt Hope Retreat, Mt Hope Md.

Accident or Suicide?

Name in Full: John George Helm

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Canton

County: Baltimore

Date of death: 1905 Month: 7 Day: 20

Age: Years: 54 Months: 8 Days: 23

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: Blacksmith

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Charlotte Helm

Father's Name: Zacharias Helm

Father's Birthplace: Germany

Mother's Maiden Name: Eva M. Hahn

Mother's Birthplace: Germany

Name of person giving information: Charlotte Helm

How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis

How long: 6 months

Immediate: Exhaustion

How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. W. Jones

Address: 3116 O'Donnell St.

Accident or Suicide?

1st. Evangelical Lu
H. Sander Sons

Name in Full: Frank Frisch Helwig

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Randallstown — County: Balto

Date of death 1905 — Month: July — Day: 19th — Age: ~~6 months~~ — Years: — Months: 6 months — Days: —

Sex: male — Color or Race: White — Birthplace: Randallstown

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Philip Helwig — Father's Birthplace: Germany

Mother's Maiden Name: Fena Helwig — Mother's Birthplace: Maryland

Name of person giving information: Philip Helwig — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 weeks

Immediate: Inanition — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. C. Smith

Address: Woodlawn Sta Md.

Accident or Suicide? no

Name in Full: John Hill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Glyndon — County: Balto

Date of death: 1905 — Month: July — Day: 11

Age: Years: 61 — Months: — — Days: 10

Sex: Male — Color or Race: White — Birthplace: W Va

Occupation: Manager — Where Residing if not at place of death: 1115 Valley St. Balto

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: Moses Hill — Father's Birthplace: W Va

Mother's Maiden Name: Mary McIntire — Mother's Birthplace: W Va

Name of person giving information: Dwight Hill — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Angina Pectoris — How long: 120 days

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: James Bacon

Address: 2303 N Calvert

Accident or Suicide? no

Name in Full: Augusta Hoehn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highlandtown — County: Balto.

Date of death 1905 — Month: July — Day: 13 — Age: Years — Months: 10 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing ~~at~~ at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Heinrich Hoehn — Father's Birthplace: Germany

Mother's Maiden Name: Catherina Fornjes — Mother's Birthplace: Germany

Name of person giving In formation: Heinrich Hoehn — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteritis — How long: 2 Wks.

Immediate: Meningitis — How long: 1 Wk

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. A. Glantz

Address: 41 Eastern Ave

Accident or Suicide?

Trinity Cemetery
H. Sander & Son

Name in Full: Mary Mildred Hollenshade

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Cockeysville — Town; Baltimore — County

Date of death 1905 — Month: July; Day: 18

Age: ~~Years~~ — Months: 9; Days: 3

Sex: Female. Color or Race: White. Birthplace: Monkton

~~Occupation~~: Where Residing if not at place of death: Cockeysville

~~Married, Single or Widowed~~: ~~Name of Wife or Husband~~:

Father's Name: Robert Hollenshade. Father's Birthplace: Monkton

Mother's Maiden Name: Julia Howard. Mother's Birthplace: Rockford

Name of person giving information: Julia Hollenshade. How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Colitis Infantum — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address:

Accident or Suicide?

Name in Full: Thomas N. Hollingsworth

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Westport — County: Baltimore

Date of death: Month: July — Day: 23 — 1905

Age: Years: — Months: 6 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Balt Co. Md

Occupation: Infant — Where Residing if not at place of death: —

~~Married~~, Single or Widowed — Name of Wife or Husband:

Father's Name: Thomas N. Hollingsworth — Father's Birthplace: Boston, Mass

Mother's Maiden Name: Elizabeth S. Diament — Mother's Birthplace: N. J.

Name of person giving information: Elizabeth Hollingsworth — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 1 week

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank H. Rebel

Address: Lansdowne Md.

~~Accident~~ or Suicide?

10

M C. Soyfer
MK Clark

Name in Full Loretta Hubbard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Thomas Wilson Sanatarium Town Mt. Wilson County Baltimore

Date of death 1905	Month	Day	Years	Months	Days
	July	21	Age	6	12

Sex Female Color or Race White Birthplace Md.

Occupation Where Residing if not at place of death 265 Clinton St.

Married, Single or Widowed Born Name of Wife or Husband

Father's Name Elm Hubbard Father's Birthplace Md

Mother's Maiden Name Cath Higgins Mother's Birthplace Md

Name of person giving In formation Catherine Hubbard How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Dyspeptic Diarrhoea How long 20

Immediate Malnutrition How long 60

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. H. M. Knox

Address 804 Cathedral St.

Copied from City Blank O.P.S.

Accident or Suicide?

Name in Full: Infant of Geo. Hughes

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lansdowne — County: Baltimore

Date of death: 1905 — Month: July — Day: 15

Age — Years: — Months: 4 — Days: 4

Sex: Girl

Color or Race:

Birthplace: Balt Co.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed:

Name of Wife or Husband: —

Father's Name: George Hughes

Father's Birthplace: Accomac Md

Mother's Maiden Name: Alice Gardner

Mother's Birthplace: Howard Co. Md

Name of person giving information: George Hughes

How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entero Colitis — How long: 2 weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank H Ruhl

Address: Lansdowne Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Hulse, Henry M

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Cockonsville (Town) — Butler (County)

Date of death: 1905 — July (Month) — 29 (Day)

Age: 73 (Years) — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Painter — Where Residing if not at place of death: x

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Margaret A.

Father's Name: x — Father's Birthplace: x

Mother's Maiden Name: x — Mother's Birthplace: x

Name of person giving Information: Clarence Hulse — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia — How long: 2 mos.

Immediate: Exhaustion — How long: 2 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Ely Mace

Address: Cockonsville, Md.

Accident or Suicide? No.

Name in Full: Thomas Hunter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville; County: Baltimore

Date of death 190 5 — Month: 7; Day: 18; Age: Years: 68; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Widower; Occupation: Farmer

Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving In formation: H. H. Mathews; How related to deceased: None

45

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Epithelioma of pharynx; How long: about 1 year

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. Mm

Address: Pikesville Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Lydia Jamieson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Philopolis — County: Balto.

Date of death 1905 — Month: 7 — Day: 1 — Age: Years 73 — Months 11 — Days 13

Sex: female — Color or Race: Colored — Birthplace: Md.

Occupation: Housewife — Where Residing if not at place of death: Philopolis

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: James Jamieson

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Endocarditis, Senility — How long: 2 or 3 yrs.

Immediate: Gangrene & Exhaustion — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wilmer C. Emory M.D.

Address: Cockeysville Md.

~~Accident or Suicide?~~

To Be Buried at
Quaker Bottom chapel
By Enson & Price

Name in Full: George W. Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Oella — County: Baltimore

Date of death 1905 — Month: July — Day: 24 — Years: 66 — Months: — Days: —

Sex: Male — Color or Race: Black. — Birthplace: Maryland

Occupation: White washer — Where Residing if not at place of death: Oella

Married, ~~Single or Widowed~~: Married — Name of Wife or Husband: Louisa Dawsey.

Father's Name: David Dawsey. — Father's Birthplace: Maryland

Mother's Maiden Name: Hartt Dawsey. — Mother's Birthplace: Maryland.

Name of person giving information: Louisa Dawsey — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary, Hemiplegia — How long: 4 yrs

Immediate, Hemiplegia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Marshall B West.

Address: Catonsville Md.

~~Accident~~ or Suicide?

Name in Full: Matilda Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Pikesville

County: Baltimore

Date of death 1905: Month: July; Day: 1

Years: Age about 60; Months; Days

Sex: Female

Color or Race: Negro

Birthplace: Md.

Married, ~~Single~~, or Widowed

Occupation: Cook

Name of Wife or Husband: dont know

Father's Name: " "

Father's Birthplace: —

Mother's Maiden Name: " "

Mother's Birthplace: —

Name of person giving information: W. O. E. Mpn

How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Probably tuberculosis

How long: dont know

Immediate: Hemorrhage

How long: few minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. O. E. Mpn

Address: Pikesville Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Madeline T. T. Johnston

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died ~~Place~~ near Town: Owings Mills, Balto. Co. County: Baltimore

Date of death	Month	Day	Years	Months	Days
1905	July	30	—	11	18

Sex: female

Color or Race: white

Birthplace: St. Johns Recovery near Owings Mills, Balto. Co.

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Christopher Johnston

Father's Birthplace: Baltimore, Md.

Mother's Maiden Name: Madeline T. T. Tilghman

Mother's Birthplace: Baltimore, Md.

Name of person giving information: Christopher Johnston

How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentition

How long: about 4 or 5 months

Immediate: Intestinal indigestion

How long: about 1 or 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr H H Campbell M D

Address: Owings Mills, Md

Accident or Suicide?

H. W. Jenkins
London Park

Complete

Name in Full: Joseph Kaiser 7/22/X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Back River — County: Balto.

Date of death 1905 — Month: July. — Day: 22 — Age: Years 46 — Months — Days

Sex: male. — Color or Race: White — Birthplace

Occupation: Laborer. — Where Residing if not at place of death: 2412 W. Balto St City

Married, Single or Widowed: married. — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Robert Hall. — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Suicide by drowning — How long

Immediate: immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Ed. J. Herrman Coroner

Address: Rossville Md

Accident or Suicide? Suicide

Joseph Stinteback
Cedar Hill Cem.

Name in Full: Katie Kamann

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Spurrs Point (Town) — Baltimore (County)

Date of death: Month July — Day 14th — Years — Age: Months 9 — Days 27

Sex: Female — Color or Race: White — Birthplace: Spurrs Point

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Joseph Kamann — Father's Birthplace: Germany

Mother's Maiden Name: Wallis Lutnerr — Mother's Birthplace: Germany

Name of person giving information: Joseph Kamann — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile Atrophy — How long: 22 months

Immediate: Exhaustion — How long: 16 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Eldred M.D.

Address: Spurrs Point Md

~~Accident or Suicide?~~

Name in Full Harper Leroy Kenny

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Phoenix — County: Balto

Date of death 1905 — Month: 7 — Day: 6th — Age: Years: — Months: — Days: 13

Sex: male — Color or Race: White — Birthplace: Phoenix

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John Kenny — Father's Birthplace:

Mother's Maiden Name: Florence Grason — Mother's Birthplace:

Name of person giving information: John Kenny — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Imperfect clothing — How long:

Immediate: Premature birth — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. T. Bayne

Address: Corbett Md

Accident or Suicide?

Name in Full: Edith Klein

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Highlandtown (Town) Baltimore City (County) MARYLAND

Date of death: 1905 July 25

Age: Years — Months: 2 Days: 16

Sex: Female

Color or Race: White

Birthplace: Highlandtown

Occupation: —

Where Residing if not at place of death: 422 Pratt St

Married, Single or Widowed: —

~~Name of Wife or Husband~~: John Klein

Father's Name: John Klein

Father's Birthplace: Camp Cappel

Mother's Maiden Name: Susan Canoles

Mother's Birthplace: Camp Cappel

Name of person giving information: Susan Klein

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastoris — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A A Warner MD

Address: 1120 Highland

Accident or Suicide? no

104

Name in Full: Chas G Koch

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Balto — County:

Date of death 1905 — Month: July — Day: 19

Age — Years: 60 — Months: — Days:

Sex: Mall — Color or Race: White — Birthplace: Germany

Occupation: Shore Keeper — Where Residing if not at place of death: Elks Shore

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Caroline Koch

Father's Name: John — Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving In formation: Caroline Koch — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Accident — How long: —

Immediate: Drowning — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~ Coronor: Fred L Pfeffer

Address: 1218 First St

Accident or Suicide? Accident

PHYSICIAN OR CORONER

Trinity Cemetery
H. Sander & Sons

Name in Full: Arthur Lamar Kalbe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Arlington. County: Balto

Date of death: Month: July Day: 16th 1905

Years: Months: Days: Age: 29

Sex: Male Color or Race: White Birthplace: Arlington.

Occupation: Baby — Where Residing if not at place of death: Arlington.

Married, Single or Widowed: Single Name of Wife or Husband: ——

Father's Name: John Henry Kalbe. Father's Birthplace: Baltimore City

Mother's Maiden Name: Hattie May Runge. Mother's Birthplace: Balto.

Name of person giving Information: John H. Kalbe How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum How long: 3 days

Immediate: Exhaustion How long: 6 hours.

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician: W. H. Holcomb M.D.

Address: Arlington.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Emma Konig

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Sollers Station — Town; Baltimore — County

Date of death: 1905 — Month: July — Day: 17th — Years: 45 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband: Wm Konig

Father's Name: Yeager — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Wm Konig — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis Liver — How long: Two years

Immediate: Exhaustion — How long: Eight weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Eldred, M.D.

Address: Spurrier Bldg Md

~~Accident or Suicide?~~

LIBRARY BUREAU AD3S1G

Name in Full: Florena Hunnecker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton — County: Balto.

Date of death: Month: July — Day: 3 — Years: — — Months: — — Days: ½ ~~hour~~

Sex: Female — Color or Race: White — Birthplace: Balto. Md

Occupation: None — Where Residing if not at place of death: Balto. Co.

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Geo. Hunnecker — Father's Birthplace: Md

Mother's Maiden Name: Florena Berner — Mother's Birthplace: "

Name of person giving information: Geo. Hunnecker — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Spasms — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ross Kinnamon

Address: 925 Baudin St.

Accident or Suicide? —

1st Evangelie leen
Randu & Sons.

Name in Full: Elizabeth Lammers

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Highlandtown (County): Baltimore County MARYLAND

Date of death 1906 Month: July Day: 14 Age Years: 77 Months: 4 Days: 25

Sex: Female Color or Race: White Birth-place: Germany

Occupation: Wife Place Residing if not at place of death: 612 Esternav ext.

Married, Single or Widowed: Married Name of Wife or Husband: Henry Lammers

Father's Name: Littmerr Father's Birthplace: Germany

Mother's Maiden Name: Dont Know Mother's Birthplace: Germany

Name of person giving In formation: Henry Lammers How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease How long: a

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician: A. S. Warner M.D.

Address: 1120 Highland ave

Accident or Suicide? No

Name in Full: Peter Sanders

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat — County: Baltimore

Date of death: Month: July — Day: 10 — 1905

Age: Years: 32 — Months: unknown — Days: unknown

Sex: Male — Color or Race: white — Birthplace: Ireland

Occupation: Lathesman (Machine Shop) — Where Residing if not at place of death: Phila Pa -

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving In formation: Rechs Mt Hope Retreat — How related to deceased: Not at all -

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(29)

Primary: Melancholia - — How long: abt 3 mos -

Immediate: Gastro enteritis (Intercular) — How long: abt 3 or 4 mos -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J Flanery

Address: Mt Hope Retreat Baltimore Co Md -

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Saml. Lehman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Gransstown — County: Baltimore

Date of death 1905 — Month: July — Day: 19 — Years: 58 — Months — Days

Sex: Male — Color or Race: white — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death: Gransstown

Married, ~~Single or Widowed~~ — Name of Wife or Husband

Father's Name: Jacob Lehman — Father's Birthplace: Penna

Mother's Maiden Name: Barbara Funk — Mother's Birthplace: Penna

Name of person giving In formation — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Prostrated by Heat — How long: 6

Immediate: Heart failure — How long: But few minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. M. Duncan

Address: Gransstown Md

Accident or Suicide?

Evans & Spence
1100 E. Bath St.

Name in Full: William T. Lewis 7/3/XI

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point; County: Balto.

Date of death: Month: July; Day: 3; 1905

Age: Years: ; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace:

Occupation: Brakeman

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Joe Blair

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Run over by Co Car in Yard near yard of Bell. Hob Co.

How long:

Immediate: Accident

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Joe Blair J.P.

Address: Sparrows Point Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Catherine A. Lindsay

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Towson	County	Baltimore
Date of death 190	Month: July	Day: 3	Age: Years 3 / Months 5 / Days 14
Sex	Female	Color or Race	white
Birthplace	Towson	Occupation	none
Where Residing if not at place of death	Towson	Married, Single or Widowed	Single
Name of Wife or Husband	none	Father's Name	James C. Lindsay
Father's Birthplace	Baltimore City	Mother's Maiden Name	Catherine T. Robertson
Mother's Birthplace	Baltimore	Name of person giving information	James C. Lindsay
How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Septicemia	How long	Ten day
Immediate	Congestion of Kidneys	How long	Eight days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	D. H. Jarrett
		Address	Towson
Accident or Suicide?			

9

Ashby Burns & Sons
Towson

Mt. Maria Cem.
Towson

Name in Full: Helen Marie Lisbno

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Frankleintown (Town) — Baltimore (County)

Date of death: 1905 July 30

Age: Years — Months: 11 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Frankleintown

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Wm Frederick Lisbno — Father's Birthplace: Arlington, Md.

Mother's Maiden Name: Katie Seidt — Mother's Birthplace: Germany

Name of person giving information: Wm Frederick Lisbno — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 Days

Immediate: Coma — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard M. Tomlinson

Address: Dickeyville, Md.

Accident or Suicide?

Lorraine Cem

Jos B Cook

Name in Full: George A. Lohman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balto

Date of death: Month: July; Day: 17; 190

Age: Years: —; Months: 4; Days: 9

Sex: Male; Color or Race: White; Birthplace: Md.

Occupation: None; Where Residing if not at place of death: Canton

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Geo. E. Lohman; Father's Birthplace: Balto. Md

Mother's Maiden Name: Rosie Seitz; Mother's Birthplace: " "

Name of person giving information: Geo. E. Lohman; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastro Enteritis 105; How long: Several

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. V. Athey

Address: 2 Hudson at Fr

Accident or Suicide? No

PHYSICIAN OR CORONER

Dr Athy
Yours Dear Cor
H. Sunderlands

Name in Full: Alfratta Helena Londen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Spurrs Point. County: Balto.

Date of death 1905 — Month: July — Day: 12 — Age: Years — 5 Months — 25 Days

Sex: Female — Color or Race: White — Birthplace: Spurrs Point

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: John A. Londen — Father's Birthplace: Pa.

Mother's Maiden Name: Annie H. Riley. — Mother's Birthplace: Pa

Name of person giving information: Harry J. Londen — How related to deceased: Brother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum. — How long: 4 days.

Immediate: Exhaustion — How long: 6 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. C. Eldred M.D.

Address: Spurrs Point. Md

~~Accident~~ or Suicide?

PHYSICIAN OR CORONER

Name in Full: Catherine Luther

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Baltimore

Date of death 1905 — Month: 7 — Day: 9 — Age: Years 82 — Months: — — Days: 29

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name ~~of Wife~~ or Husband: Christian Luther

Father's Name: George Trusch — Father's Birthplace: Germany

Mother's Maiden Name: Not Known — Mother's Birthplace: " "

Name of person giving information: Katie Hubbe — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia — How long: 2 mos

Immediate: Heat Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. V. Athey

Address: 2 Hundred Pl

Accident or Suicide?

1st Evangelical Lem.
H. Sailer & Son

Name in Full: Mrs Carrie Lyart.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Towne — County: Berks

Date of death: 1905 — Month: Jul — Day: 30 — Years: 70 1/12 — Months: 4 — Days: 3

Sex: Fm — Color or Race: White — Birthplace: Pa

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Geo Lyart

Father's Name: Jacob Hanwell — Father's Birthplace: Pa

Mother's Maiden Name: Am Eliz Schadly — Mother's Birthplace: Pa

Name of person giving information: E. C. Lyart — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gall Stone — How long: 4 mo?

Immediate: Emphysema? Gall bladder — How long: 24 days

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: Geo H Koontz M.D.

Address: York Road Towne

Accident or Suicide?

John A. Daiger
273 S. Broadway

Bettinson Cemetery

Name in Full: Margaret Mc Guire

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Pikesville — County: Baltimore

Date of death — Month: 1905 July — Day: Third — Years: Age 73 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Patrick Mc Guire

Father's Name: [redacted] Brewer — Father's Birthplace: Ireland

Mother's Maiden Name: Anastasia Brennan — Mother's Birthplace: Ireland

Name of person giving Information: Matthew Mc Guire — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Gastritis — How long: about a week

Immediate: Exhaustion — How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. O. E. Mc

Address: Pikesville Md

~~Accident or Suicide?~~

Name in Full: Wm McRoberts

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Broome — County: Butler

Date of death 190 — Month: July — Day: 17

Age — Years: 56 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Gardener — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband: Caroline Mummy McR

Father's Name: John McRoberts — Father's Birthplace: Ireland

Mother's Maiden Name: Lucy Brown — Mother's Birthplace:

Name of person giving Information: Mrs Brockman — How related to deceased: Not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long:

Immediate: Cerebral hemorrhage — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo W McAtee

Address: Stu 18 Butler Md

Accident or Suicide?

John Burns Sons
Presb. Cem. Gowan

Name in Full: Silas Mack

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Owings Mills; County: Baltimore

Date of death 1905: Month: July; Day: 13; Age: Years: 33; Months: ; Days: ;

Sex: male; Color or Race: Black; Birthplace: Md.

Occupation: Laborer; Where Residing if not at place of death: at place of death

Married, Single or Widowed: Single; Name of Wife or ~~Husband~~: none

Father's Name: David Mack (dead); Father's Birthplace: don't know

Mother's Maiden Name: Anna Collins; Mother's Birthplace: don't know

Name of person giving information: Henry Figs; How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: 6 months

Immediate: Heart failure; How long: Immediate

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: W. W. N. Nard. M.D.

Address: Harrisonville, Md.

Accident or Suicide? —

Name in Full: Thomas Manokey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton; County: Baltimore

Date of death: Month: July; Day: 15; 1905

Age: Years: 41; Months: —; Days: —

Sex: Male

Color or Race: Colored

Birthplace: Dorchester Co

Occupation: Minister

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name [redacted] or Husband: Annie Manokey

Father's Name: Wm Manokey

Father's Birthplace: Md

Mother's Maiden Name: Not ascertained

Mother's Birthplace: Not ascertained

Name of person giving In formation: Lizzie Manokey

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary tuberculosis — How long: 9 Months

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Pickard M.D.

Address: 912 S. Canton St Baltimore

Accident or Suicide? No

Name in Full: Maria Fredericka Martin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Highland (Town) — Baltimore (County)

Date of death: 1905 — Month: 7 — Day: 5

Age: Years: — Months: 8 — Days: 6

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John A. Martin — Father's Birthplace: Germany

Mother's Maiden Name: Louise Kahler — Mother's Birthplace: Germany

Name of person giving information: John A. Martin — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentitis Diff. (92) — How long: several weeks

Immediate: Lobul. Pneumon. Consult. — How long: one week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. W. Schneck M.D.

Address: 1013 Canton St.

Accident or Suicide?

Oak Lawn Cemetery

H. Sander & Sons

Name in Full: Chas. Lloyd Morris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Maryland Line (Town) — Balto (County)

Date of death 1905: Month: July — Day: 18 — Years: — Months: 6 — Days: 8

Age

Sex: Male — Color or Race: White — Birthplace: Baltimore

~~Married~~, Single or Widowed — Occupation:

Name of Wife or Husband:

Father's Name: Wm. O. Morris — Father's Birthplace: Balto Co

Mother's Maiden Name: Reba Lentz — Mother's Birthplace:

Name of person giving information: Reba Lentz — How related to deceased: "Mother"

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion — How long:

Immediate: Cholera Infantum — How long: Few days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. C. Martin M.D.

Address: Stewartstown Penna.

Accident or Suicide?

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Name in Full: Geo. Floyd Morris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Maryland Line — Town; Balto — County

Date of death 1905: July — Month; 17 — Day; Years; Months: 6; Days: 8

Age

Sex: Male

Color or Race: White

Birthplace: Balto.

~~Married, Single or Widowed~~

~~Occupation~~

Name of Wife or Husband

Father's Name: Wm. O. Morris

Father's Birthplace: Balto Co.

Mother's Maiden Name: Reba Lentz

Mother's Birthplace: "

Name of person giving information: Reba Lentz

How related to deceased: Mother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion — How long

Immediate: Cholera Infantum — How long: Few days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. S. Martin M.D.

Address: Stewartstown Pa.

Accident or Suicide?

Name in Full: Mary Miles

CERTIFICATE OF DEATH

MARYLAND

Died at: Wallers P.O (Town) Buck (County)

Date of death 1905: Month 7, Day 11

Age: Years 0, Months 1, Days 15

Sex: Female

Color or Race: colored

Birthplace: Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: William Miles

Father's Birthplace: Md

Mother's Maiden Name: Clementine Brown

Mother's Birthplace: Md

Name of person giving information: William Miles

How related to deceased: Father

CAUSES OF DEATH

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Primary: Ex Lacuation — How long:

Immediate: Premature Birth — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. T. Jarrett M.D.

Address: Wallers P.O.

Accident or Suicide? No

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: Louis Mubauff

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Fullerton — County: Balto

Date of death 1905 — Month: July — Day: 28 — Age: Years 70 — Months: — — Days: 2 —

Sex: Male — Color or Race: White — Birthplace: Germany

~~Married, Single~~ Widowed — Occupation: Merchant

Name of Wife or Husband: (Mary) Dead

Father's Name: Dont Know — Father's Birthplace: Germany

Mother's Maiden Name: Dont Know — Mother's Birthplace: Germany

Name of person giving information: Son — How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer (abdominal) — How long: about 4 mos

Immediate: Exhaustion — How long: about 1 mo

45

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. B. Schwatka M.D.

Address: 1003 N. B'way

Accident or Suicide? Neither — Balto Md

LIBRARY BUREAU A88616

Name in Full: Mrs Elizabeth Myers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Baltimore — County: Baltimore

Date of death 1905 — Month: 7 — Day: 9 — Age: Years 80 — Months 4 — Days 18

Sex: Female — ~~Color or Race~~: White — Birthplace: Dont Know

Occupation: House Wife — Where Residing if not at place of death: Baltimore

~~Married, Single~~ or Widowed — Name of Wife or Husband: James Myers

Father's Name: Dont Know — Father's Birthplace: Dont Know

Mother's Maiden Name: " " — Mother's Birthplace: " "

Name of person giving information: Stewart & Mowen — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: Dont Know

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Geo B Hoover Undertaker

Address: Smithsburg Md.

Accident or Suicide?

Name in Full: Mrs Florence Nelson

CERTIFICATE OF DEATH

MARYLAND

Town: Manor | County: Balto

TO BE ANSWERED BY NEAREST FRIEND

Died at: Manor

Date of death: 1905 July 17

Age: 33 years 7 months 9 days

Sex: Female | Color or Race: white | Birthplace: Balto Co

Occupation: Housewife | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Howard Nelson

Father's Name: Nicholas Parker | Father's Birthplace: Balto Co

Mother's Maiden Name: Susan Poteett | Mother's Birthplace: Balto Co

Name of person giving information: Howard Parker | How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation | How long: 15 yrs

Immediate: Endocarditis | How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T. Ross Payne

Address: Corbett Md.

Accident or Suicide: ~~[illegible]~~

Name in Full: Adolph. F. Rettew

Certificate of Death

Town: Eastern Ave Bard County: Balto.

MARYLAND

Died at

Date: 1900 Month: July Day: — Age: Y. 38. M. — D. —

Native of

Occupation: Bar tender

Male — Female — White — Colored — Married — Single — Widow — Widower — Divorced —

Number of children living: one

Husband of Wife: Pauline Rettew

Father's Name: —

Mother's Name: —

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Cause of Death: Primary

Immediate: unknown to the Jury.

How long sick: Unknown

Accident, Suicide, Homicide

Reported by: Ed. J. Herrmann Coroner

Address: Brooklyn Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Attended by Dr. Harrison

of

Information contained in this certificate received from

of

Name in Full: Margarett Jemima Nielsen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sparrows Pt — County:

Date of death	Month	Day	Years	Months	Days
1905	7	18	—	9	15

Sex: Female — Color or Race: White — Birthplace: Sparrow's Point

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Peter Nielsen — Father's Birthplace: Denmark

Mother's Maiden Name: Hulda Watrous — Mother's Birthplace: Nebraska

Name of person giving information: E. Lambert Youngs — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measles — How long: 6 wks

Immediate: Indigestion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. Lambert Youngs

Address: 305 East E. St.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Lillian C Nolan

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Eudowood Hospital (County) Baltimore

Date of death 1905 — Month: July — Day: 26th — Age: Years 18, Months, Days 14

Sex: Female — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Single — Occupation: Straw Hat Maker

Name of Wife or Husband:

Father's Name: William Nolan — Father's Birthplace: Washington

Mother's Maiden Name: Agatha Anderson — Mother's Birthplace: New Jersey

Name of person giving information: Mrs Roberts — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: Ten Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry S Jarrett

Address: Towson

~~Accident~~ or Suicide?

PHYSICIAN OR CORONER

E M Mitchell
1201 W. Forgith St
to Loudan Park

Name in Full: Mrs Bessie M. Norvell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Mt Hope Retreat (County) Baltimore Co

Date of death: Month July, Day 5th, 1905 — Age: Years 27, Months unknown, Days unknown

Sex: Female — Color or Race: white — Birthplace: Maryland -

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: unknown

Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving information: Rec'd Mt Hope — How related to deceased: not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia — How long: 5 or 6 wks

Immediate: Rheumatic Pericarditis — How long: abt 2

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat -

Accident or Suicide?

Name in Full: Joseph O'Neil

CERTIFICATE OF DEATH

MARYLAND

Died at: St. Agnes' Hosp. (Town) Balto. (County)

Date of death	Month	Day	Years	Months	Days
1905	July	2	Age 35		

Sex: Male | Color or Race: White | Birthplace: Balto.

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband:

Father's Name: John O'Neil | Father's Birthplace: Ireland

Mother's Maiden Name: Rebecca — | Mother's Birthplace: Balto.

Name of person giving Information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis | How long:

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. G. O'Mara M.D.

Address: St. Agnes Hospital

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Mary Ruth Ormiss

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Ormiss (Town) — Baltimore (County)

Date of death 1905 — Month: July — Day: 14

Age — Years: — Months: 11 — Days:

Sex: Female — Color or Race: White — Birthplace: Balto. Co.

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Thomas Ormiss — Father's Birthplace: Balto. Co.

Mother's Maiden Name: Eliza D. Dean — Mother's Birthplace: Md.

Name of person giving information: Mary Ormiss — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 15

Immediate: Enteritis — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. L. Morgan

Address: 202 N. Frankstown St. City

Accident or Suicide?

Name in Full: M. Virginia Parrish

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Druhegville

County: Balto

Date of death: Month: July 1905 Day: 30th

Age: Years: — Months: 3 Days: 29

Sex: Female

Color or Race: White

Birth-place: Md

Occupation: —

Where Residing if not at place of death: Druhegville

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Walter E Parrish

Father's Birthplace: Md

Mother's Maiden Name: Emma J. Mullinix

Mother's Birthplace: Md

Name of person giving Information: Walter Parrish

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum

How long: 1 week

Immediate: Marasmus

How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. C. Smith

Address: Woodlawn Sta Md

Accident or Suicide? —

D5

Lorraine Cem.
Jos B Cook

Name in Full: Cora E. Butler Patterson.

CERTIFICATE OF DEATH

MARYLAND

Town: Arlington. County: Baltimore.

Date of death 1905 — Month: July. Day: 14.

Age — Years: 5. Months: Days: 26.

Sex: Female. Color or Race: Black. Birthplace: Arlington.

Married, Single or Widowed: Single. Occupation: Baby.

Name of Wife or Husband: —

Father's Name: Charles Patterson. Father's Birthplace: Arlington.

Mother's Maiden Name: Orange Butler. Mother's Birthplace: City.

Name of person giving information: Bessie Campbell. How related to deceased: none.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum. How long: a week.

Immediate: Exhaustion. How long: 1 day.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: T. H. W. Cox, M.D.

Address: Arlington.

Accident or Suicide?

PHYSICIAN OR CORONER

at Campfield
C. St. Kraft

Name in Full: Thomas Rufus Payne

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Balto.

Date of death: Month: July; Day: 9; 1905

Age: Years: —; Months: —; Days: 9

Sex: Male

Color or Race: (Col)

Birthplace: Md.

Occupation: Infant

Where Residing if not at place of death: Towson

~~Married~~, Single or Widowed

~~Name of Wife~~ or Husband

Father's Name: Thomas Payne

Father's Birthplace: Md

Mother's Maiden Name: Amelia E. Arnell

Mother's Birthplace: Md

Name of person giving information: Thomas Payne

How related to deceased: Father

CAUSES OF DEATH

Primary: General Inanition

How long: 9 days

Immediate: Cardiac Asthenia

How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Roy Chisholm M.D.

Address: Towson Md.

~~Accident or Suicide?~~

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

John Burns Sons
Bassilcemetry
Cockpyarlle

Name in Full: John L. Pfeifer,

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Fullerton

County: Baltimore

Date of death: 1905 July 2

Age: Years 37 Months — Days —

Sex: Male

Color or Race: W

Birthplace: Maryland

Occupation: Bar Tender

Where Residing if not at place of death: Fullerton

Married, Single or Widowed

Name of Wife or Husband

Father's Name: Geo Pfeifer

Father's Birthplace: Europe

Mother's Maiden Name

Mother's Birthplace: "

Name of person giving information: Frances Pfeifer

How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Gastritis - Cerebral Hemorrhage

How long

Immediate: Failure of Vital Forces

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Lingard Dobbin

Address: Fullerton, Md.

Accident or Suicide?

St Joseph's

July 4

Name in Full: Andrew J Peel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middle River — County: Balto

Date of death 190 5: Month: July — Day: 24 — Age: Years: ~~40~~ — Months: 9 — Days: 6

Sex: Male — Color or Race: white — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Shoemaker

Name of Wife or Husband: Regina Peel

Father's Name: Andrew Peel — Father's Birthplace: Germany

Mother's Maiden Name: Barbara — — Mother's Birthplace: Germany

Name of person giving information: Mrs Peel — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer Throat & Face — How long: 8 months

Immediate: Asthenia — How long: 2 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John W Hannion M D

Address: Middle River Md

Accident or Suicide? no

Holy Redeemer Camp.

Name in Full: Lillie N. Price

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sherwood — County: Baltimore

Date of death 1905 — Month: July — Day: 17 — Years: One — Months: 2 — Days: 6

Sex: Female — Color or Race: White — Birthplace: Baltimore Co.

~~Married~~, Single ~~or Widowed~~ — Occupation: none

Name of Wife or Husband: —

Father's Name: Nelson Price — Father's Birthplace: Md

Mother's Maiden-Name: Mandy Miller — Mother's Birthplace: Pa

Name of person giving In formation: Nelson Price — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Teething — How long: 3 mos.

Immediate: Cholera Infantum — How long: Acute Intestinal Indigestion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. L. Smith

Address: Rider Md.

Accident or Suicide?

John Burns Sons
Sater's Corn.

Name in Full: Elizabeth Durin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Texas County: Balto

Date of death 1905: Month: July Day: 22

Age: Years: 43 Months: Days:

Sex: Female Color or Race: White Birthplace: Texas Md.

Married, Single or Widowed: Married Occupation: housework

Name of Wife or Husband: Jno Durin

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease (Chronic) How long: about 1 week

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. F. Burey

Address: Texas Md.

Accident or Suicide?

A. C. Wiedefeld

Texas Md.

Name In Full: Margaret Gladys Quinn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Texas (Town) — Balto (County)

Date of death 190: Month: July — Day: 31 — Age: Years: — Months: 9 — Days: 14

Sex: Female — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: John M. Quinn — Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth M. Fitzgerald — Mother's Birthplace: Md.

Name of person giving In formation: John M. Quinn — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis — How long: about 1 month

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. F. Bunce

Address: Zeyar Md.

Accident or Suicide?

105

H. C. Weiderhold

Texas.

Application made for burial permit - August 4 1905,
declined to issue permit & refer matter to Dr John C. Fulton, State Registrar together with letter of Mr Weiderhold.

R. C. Massenburg M.D.
Sanitary Officer 9th Dist
& Registrar vital Statistics

Name in Full: Mary Ann Randall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): North Branch — County: Baltimore

Date of death 190: Month: July — Day: 5 — Age: Years: about 65 — Months: — — Days: —

Sex: Housewife — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: at place of death

Married, Single or ~~Widowed~~ — Name of Wife or Husband: Geo. Randall

Father's Name: Levi Bittinger — Father's Birthplace: don't know

Mother's Maiden Name: — — Mother's Birthplace: don't know

Name of person giving information: Frank O'Dell — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: Two Months

Immediate: Heart failure — How long: Immediately

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. H. Naul, M.D.

Address: Hamsonville Md.

Accident or Suicide?

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Name in Full: T. Henry Randall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: S to E Pratt Hosp Towson; County: Balto

Date of death: 1905 Month: July Day: 7 Years: 43 Months: — Days: 2

Sex: M Color or Race: White Birthplace: Annapolis Md

Occupation: Architect Where Residing if not at place of death: New York

Married, ~~Single~~ or ~~Widowed~~: Name of Wife or Husband:

Father's Name: Alex Randall Father's Birthplace: Annapolis Md

Mother's Maiden Name: Elizabeth Blanchard Mother's Birthplace: Md

Name of person giving Information: E A Brush How related to deceased: Physn

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis How long: 1 Yr

Immediate: Apoplexy from Cerebral Cardiac Paralysis How long: 15 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E A Brush

Address: Sheppard & Enoch Pratt Hosp Towson

Accident or Suicide?

LIBRARY BUREAU A5B816

Name in Full: Jas. Wm. Ridgely

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hernwood — County: Balto

Date of death: 1905 — Month: July — Day: 31 — Age: Years: — Months: 2 — Days: one

Sex: male — Color or Race: white — Birthplace: Hernwood Md

Occupation: none — Where Residing if not at place of death: Hernwood Md

~~Married~~, Single or ~~Widowed~~: Single — Name of Wife or Husband: —

Father's Name: J. Wm. Ridgley — Father's Birthplace: Balto Co

Mother's Maiden Name: May Doyle — Mother's Birthplace: —

Name of person giving information: Harrison Robinson — How related to deceased: — —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis — How long: 2 weeks

Immediate: Coma — How long: few Hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. V. Quigley M.D.

Address: Glenarly Md

Accident or Suicide?

Name in Full: Eliza Ring

CERTIFICATE OF DEATH

MARYLAND

Died at Home — Town: St Denis — County: Baltimore

Date of death 1905 — Month: July — Day: 22 — Years: 84. — Months: 3. — Days: 00

Sex: Female — Color or Race: White — Birthplace: Amerandle Co.

Occupation: Carpenter's Wife — Where Residing if not at place of death: Home

Married, Single or Widowed: Widow — Name of Wife or Husband: Dennis Ring

Father's Name: Robert Caples — Father's Birthplace: dont Know

Mother's Maiden Name: ~~dont~~ Know Hadley — Mother's Birthplace: dont Know

Name of person giving information: R. Howard Ring — How related to deceased: her son

CAUSES OF DEATH

Primary: Dysentery — How long: one week

Immediate: Coma — How long: "

Are the name, age, sex, color, date and place correctly given above? Ye

Signature of Physician: Arthur Williams

Address: Elk Ridge Howard Co Md

Accident or Suicide? No

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Bury in private Cemetery
on Farm in A. A. Co. Md

Name in Full: Russell Robins Jr

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Governstown — County: Balto

Date of death 1905 — Month: July — Day: 23 — Years: 0 — Months: 2 — Days: 1

Sex: Male — Color or Race: white — Birthplace: Balto City

Married, Single or Widowed: Child — Occupation: —

Name of Wife or Husband: —

Father's Name: Russell Robins — Father's Birthplace: Balto.

Mother's Maiden Name: Annie Monk — Mother's Birthplace: Catonsville

Name of person giving information: George E Monk — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 1 wk.

Immediate: Exhaustion — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H O Jones MD

Address: Sta. H (Governs) Balto Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

Burial at
Briscoes Cemetary Balto Co. Md.
July 24/1916
Wm Cook
502 E. North Ave

Name in Full: Moses Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boring; County: Balt.

Date of death 1905: Month: July; Day: 29; Age: Years: 90; Months: —; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Md

Married, Single or Widowed: Widower; Occupation: None

Name of Wife or Husband: —

Father's Name: Basil Robinson; Father's Birthplace: Md

Mother's Maiden Name: Ellen Scoggins; Mother's Birthplace: Md

Name of person giving information: Moses Robinson; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age; How long: —

Immediate: Cystitis; How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas H Wilson

Address: Finksburg Md

Accident or Suicide?

PHYSICIAN OR CORONER

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Name in Full: Grace Rogers

CERTIFICATE OF DEATH

MARYLAND

Died at: Guyumbrook (Town) Baltimore (County)

Date of death 1905 July (Month) 30 (Day)

Age: Years — Months 6 Days —

Sex: Female

Color or Race: Black

Birthplace: Guyumbrook

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Wm. Rogers

Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Branson

Mother's Birthplace: Md

Name of person giving information: Wm. Wyatt

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Whooping Cough — How long: 4 weeks

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A M Slade

Address: Reisterstown Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Elyda Bosier

CERTIFICATE OF DEATH

MARYLAND

Died at: McDine (Town) Baltimore (County)

Date of death 1905 | Month: 7 | Day: 18 | Years: 1 | Months: 6 | Days: 3

Sex: Male | Color or Race: White | Birthplace: Md.

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: Single | Name of Wife or Husband: —

Father's Name: James M. Bosier | Father's Birthplace: Md.

Mother's Maiden Name: Laura M. Jones | Mother's Birthplace: Md.

Name of person giving information: Elmer Bosier | How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum | How long: 4 days

Immediate: Exhaustion | How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Daniel V Moyer MD

Address: Maryland Sur Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Lewis H Rust

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Baltimore

Date of death 1905 — Month: July — Day: 11 — Years: 19 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Balto

Occupation: Collector — Where Residing if not at place of death: 113 Fremont St

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm L Rust — Father's Birthplace: Baltimore

Mother's Maiden Name: Mary Schane — Mother's Birthplace: "

Name of person giving In formation: Wm L Rust — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Accident — How long: —

Immediate: Drowning — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Coroner: Fred L Pfeffer

Address: 1218 First St Highlandtown

Accident or ~~Suicide?~~

PHYSICIAN OR CORONER

Dr. Athey. bM

1 Studion

Name in Full: Annie B. Sayre

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Mt Hope Retreat (County) Balto.

Date of death: Month July, Day 17th, 1905 — Age: Years 42, Months unknown, Days unknown

Sex: Female — Color or Race: White — Birthplace: Phila. Pa

Occupation: Housewife — Where Residing if not at place of death: Phila -

Married, Single or Widowed: Married — Name of Wife or Husband: unknown

Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving information: Recd. Mt Hope Retreat — How related to deceased: not at all -

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania (Typhoid) Acute - — How long: 4 or 5 wks

Immediate: Cerebral Congest. — How long: 2 days -

Are the name, age, sex, color, date and place correctly given above? yes -

Signature of Physician: Frank J. Flannery -

Address: Mt Hope Retreat Baltimore Co Md -

~~Accident or Suicide?~~

LIBRARY BUREAU A88518

Name in Full: Herman J. H. Schmidt

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Balto Co

Date of death: 1905 July 9 — Age: 10 Years, ~~8~~ Months, Days

Sex: Male — Color or Race: White — Birthplace: Balto Md 434 Fait ave

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: J. Henry Schmidt — Father's Birthplace: Germany

Mother's Maiden Name: Katie Kehler — Mother's Birthplace: Maryland

Name of person giving information: Henry Goebel — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental Drowning — How long: —

Immediate: h c — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Coroner: Jno G Mully

Address: 746 O'Donnell st

Accident or ~~Suicide?~~

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Undertaker

Christian Miller

2334 Jefferson St.

Name in Full: Robert Schoolden

CERTIFICATE OF DEATH

MARYLAND

Died at: Hullville (Town) — Baltimore (County)

Date of death 190 — Month: July — Day: 18 — Years: — Months: 6 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Hullville

Occupation: Infant — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Schoolden — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 10 days

Immediate: Toxemia & asthenia — How long: 1 "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. E. Muse M.D.

Address: 855 Columbia ave Baltimore Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full Mary Schuesler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Pikesville Club Hill — County: Baltimore

Date of death 1905 — Month: July — Day: 13 — Years: 66 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: — Where Residing if not at place of death:

~~Married, Single or Widowed~~ — Name of ~~Wife or~~ Husband: John Schuesler

Father's Name: — Father's Birthplace: Ireland

Mother's Maiden Name: — Mother's Birthplace: "

Name of person giving information: John Schuesler — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency — How long: Several weeks.

Immediate: Failure Compensation — How long:

Are the name, age, sex, color, date and place correctly given above? To the best of my knowledge

Signature of Physician: Leigard Whitefoy

Address: Fullerton, Md.

Accident or Suicide? No.

Camp Chappel

Name in Full: Raymond Scott.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): near Forrestburg. (County): Baltimore.

Date of death 190 5 — Month: July — Day: 14 — Age: Years 2 — Months — Days

Sex: Mall - f — Color or Race: Colored. — Birthplace: nr. Forrestburg.

Married, Single or ~~Widowed~~ — Occupation:

Name of Wife or Husband:

Father's Name: Charles Scott. — Father's Birthplace: Washington

Mother's Maiden Name: Rebecca Frazier. — Mother's Birthplace: Charles Co.

Name of person giving In formation: Charles Scott. — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Th~~ Pneumonia — How long: 5 days.

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Jas. F. Wilson, M.D.

Address: Forrestburg, Maryland

Accident or Sulcide?

Name in Full: Carl E. Seaquist

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highlandtown — County: Balto.

Date of death 1905 — Month: 7 — Day: 14 — Years: — — Months: 3 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Highlandtown

Occupation: — — Where Residing if not at place of death: 34 Eastern Ave

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Carl E. Seaquist — Father's Birthplace:

Mother's Maiden Name: Helena Schaaf — Mother's Birthplace: Balto

Name of person giving information: Helena Schaaf — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diffic. Dentition — How long: about a week

Immediate: Diarrhoea — Convulsions — How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. W. Schneider M.D.

Address: 1013 Canton St.

Accident or Suicide? —

J Herwig & Son
Mt Carmel Ill.
7/16/05

Name in Full Andrew C. Segelkan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Spurrs Point — County: Baltimore

Date of death 1905 — Month: July — Day: 24 — Years: — Months: 3 — Days: 23

Age

Sex: Male — Color or Race: White — Birthplace: Spurrs Point

Occupation: None — Where Residing if not at place of death:

Married, Single ~~or Widowed~~ — Name of Wife or ~~Husband~~

Father's Name: Carson C. Segelkan — Father's Birthplace: Baltimore

Mother's Maiden Name: Ann Killen — Mother's Birthplace: Delaware

Name of person giving information: C. C. Segelkan — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis — How long: 3 days

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Immediate: Meningitis — How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. C. Eldred M.D.

Address: Spurrs Point Md

~~Accident or Suicide?~~

Full Mary Amanda

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Shane County: Balto. Co.

Date of death: Month: July Day: 15 1905 Years: 60 Months: 4 Days: 3

Sex: Female Color or Race: White Birthplace: Pennsylvania

Occupation: Where Residing if not at place of death:

~~Married, Single~~ Widowed Name of ~~Wife or~~ Husband: John Shane

Father's Name: Samuel R. Brown Father's Birthplace: Fawn Twp.

Mother's Maiden Name: Mary Brooks Mother's Birthplace: Hopewell Twp.

Name of person giving information: Samuel Shane How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation How long: 2 Years.

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: James S. Akehurst M.D.

Address: Norrisville Harford Co. Md.

Accident or Suicide?

Name in Full: Augusta E. Sindall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hamilton — County: Baltimore

Date of death: 1905 — Month: 7 — Day: 14 — Years: 1 — Months: — Days: 14

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband:

Father's Name: Joseph Sindall — Father's Birthplace: Md.

Mother's Maiden Name: Kathryn Jay — Mother's Birthplace: Md.

Name of person giving Information: Mother — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Septicemia — How long: 15 d

Immediate: Cholera Infantum — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter H. Kirby

Address: Hamilton

Accident or Suicide?

St Marys

Name in Full: Rev. Eugene Smyth

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Mt Hope Retreat (County): Baltimore

Date of death 1905 (Month): July (Day): 8th

Age (Years): 56 (Months): unknown (Days): unknown

Sex: Male

Color or Race: White

Birthplace: Ireland

Occupation: Clergyman

Where Residing if not at place of death: New York -

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: unknown

Father's Birthplace: Ireland

Mother's Maiden Name: "

Mother's Birthplace: "

Name of person giving Information: Reeds Mt Hope Retreat

How related to deceased: not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia

How long: 11 years

Immediate: Exhaustion Intest Intervention

How long: abt 3 or 4 mos -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery MD

Address: Mt Hope Retreat Baltimore Md -

Accident or Suicide?

Name in Full: Susanna C. Snyder

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Sparrows Point (Town) — Baltimore (County)

Date of death 1905: July (Month) 21 (Day)

Age: 82 Years 8 Months 13 Days

Sex: Female

Color or Race: White

Birthplace: Penn.

Occupation: Housewife

Where Residing if not at place of death: —

~~Married, Single~~ or Widowed

Name of Wife or Husband: Adam Snyder

Father's Name: Phillip Kline

Father's Birthplace: Penn.

Mother's Maiden Name: — Revalt

Mother's Birthplace: Penn.

Name of person giving information: Frank Snyder

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: Two weeks

Immediate: Old age — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Eldred M.D.

Address: Sparrows Point

~~Accident or Suicide?~~

Name in Full: Wm Sobolesci

CERTIFICATE OF DEATH

MARYLAND

Town: Bear Creek | County: Balto

Date of death: Month: July | Day: 16 | Years: 1905 | Age: 14 years | Months: 8 | Days:

Sex: male | Color or Race: white | Birthplace: Md

Occupation: — | Where Residing if not at place of death: Patapsco Neck

~~Married~~, Single or ~~Widowed~~ | Name of Wife or Husband: —

Father's Name: John | Father's Birthplace: Germany

Mother's Maiden Name: Gusstie | Mother's Birthplace: "

Name of person giving information: Wm B. Wipp | How related to deceased: None

CAUSES OF DEATH

Primary: Drowning | How long: —

Immediate: " | How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Coroner: Jos McG Mueller

Address: 216 O'Donnell st

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A28616

Sodowski
St. Stanislaus

Name in Full: Bertha Mayo Stansbury

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sweet air — County: Baltimore

Date of death 1905: Month: July — Day: 26 — Years: 28 — Months: 0 — Days: 8

Sex: Female — Color or Race: white — Birthplace: Hereford, Md.

Married, Single or Widowed: married — Occupation: housewife

Name of ~~Wife or~~ Husband: Harry S. Stansbury

Father's Name: Howard B. Mayo — Father's Birthplace: Md.

Mother's Maiden Name: Sally Wheeler — Mother's Birthplace: Md.

Name of person giving In formation: Harry S. Stansbury — How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: consumption — How long: 3 years

Immediate: malnutrition — How long: 3 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. H. Emory Dr.

Address: Monkton, Md. (10th. Dist.)

Accident or Suicide? no

PHYSICIAN OR CORONER

Name in Full: Julius Steinbacher

CERTIFICATE OF DEATH

MARYLAND

Town: Lansdowne | County: Baltimore

Died at

Date of death 1905: Month: July | Day: 4th | Years: 62 | Months: — | Days: —

Age

Sex: Male | Color or Race: White | Birthplace: Germany

~~Married, Single~~ or Widowed | Occupation: Locksmith

Name of Wife ~~or Husband~~: Amalia Steinbacher

Father's Name: unknown | Father's Birthplace: Germany

Mother's Maiden Name: unknown | Mother's Birthplace: "

Name of person giving information: Edward Steinbacher | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cardiac Dropsy | How long: unk

Immediate: Hepatic Cirrhosis & Congestion | How long: 1 month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank H. Burke.

Address: Lansdowne Balt Co Md.

Accident or Suicide? no

PHYSICIAN OR CORONER

J. Gordenson
Western

Name in Full: Alice Taylor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Hillsmere — Town; Baltimore — County

Date of death 1905: Month 7; Day 4

Age: Years 39; Months; Days

Sex: Female

Color or Race: colored

Birthplace: Md

Married, ~~Single or Widowed~~

Occupation: Housewife

Name of Wife or Husband: Louis Taylor

Father's Name: Henry Barnett

Father's Birthplace: Md

Mother's Maiden Name: Nancy Fowles

Mother's Birthplace: Md

Name of person giving information: Louis Taylor

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis — How long

Immediate: Peritonitis — How long 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. Hall

Address: Mt. Winans

~~Accident~~ or Suicide?

Julius Freeland

Mt Auburn

Name in Full — Certificate of Death

Lewis Taylor

Town — County

Died at Philu Road Balto MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
1905	7	26			30	Md	—

Male — White — Married — Widow — Divorced

~~Female~~ — Colored — Single — Widower — Number of children living

Husband / Wife of

Father's Name — Mother's Name

Cause of Death: Primary — Diarrhoea — How long sick 6 days

Immediate — Exhaustion — Accident, ~~Suicide, Homicide~~

Reported by — F L Warner M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Thomas William

CERTIFICATE OF DEATH

MARYLAND

Died at: Catonsville (Town) — Baltimore (County)

Date of death: 1905 July (Month) 30 (Day) — Age: 38 (Years) — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation: Laborer — Where Residing if not at place of death: X

Married, Single or Widowed: Single — Name of Wife or Husband: X

Father's Name: X — Father's Birthplace: X

Mother's Maiden Name: X — Mother's Birthplace: X

Name of person giving Information: X — How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Epileptic Insanity — How long: 10 yrs.

Immediate: Status Epilepticus — How long: 2 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Ray Wade

Address: Catonsville, Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

Name in Full: Harriet A. Townsend

CERTIFICATE OF DEATH

MARYLAND

Died at: Dickeyville (Town) Baltimore (County)

Date of death: 1905 July 3rd

Age: Years 48 Months — Days —

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: None

Where Residing if not at place of death: Dickeyville

Married, Single or Widowed: Married

Name of Wife or Husband: Silas Townsend

Father's Name: Mr. Phelps

Father's Birthplace: Md.

Mother's Maiden Name: Mrs. Lapphington

Mother's Birthplace: Md.

Name of person giving information: Silas Townsend

How related to deceased: ~~Wife~~ Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 62

How long

Immediate: Accidentally Drowned

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Richd A Bevan Jr

Address: Arlington

Accident or Suicide?

Acting Coroner

PHYSICIAN OR CORONER

Ridge Cem
July. 5, 1905.
Jas B Cook

Name in Full: Harry Hollon Incl

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto

Date of death — Month: July — Day: 15 — Age — Years: — Months: 5 — Days: 20

Sex: Male — Color or Race: White — Birthplace: Catonsville

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Peter Incl — Father's Birthplace: Howard Co Md

Mother's Maiden Name: Susan B. Eshey — Mother's Birthplace: " " "

Name of person giving In formation: Peter Incl — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Gastro Enteritis — How long: 5 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr C. L. Mottfeldt

Address: Catonsville Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Fanie Tyler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Towson, (Town) Balto (County)

Date of death 1905 — Month: 7 — Day: 2 — Age: 7 ~~years~~ months — Months: — Days: 2 days

Sex: female — Color or Race: Negro — Birthplace: Towson,

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Amos Tyler — Father's Birthplace: Balto Co.

Mother's Maiden Name: Addie Johnson — Mother's Birthplace: Balto Co

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 3 months

Immediate: Cholera Infantum — How long: One week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H A Jarrett

Address: Towson, Md.

Accident or Suicide?

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Certificate issued
to Parents for
Burial in Sandy
bottom Tower

Name in Full: Hannah E. Tyson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Glen Arm			(County) Baltimore		
Date of death 1905	Month: July	Day: 18	Years: 59	Months: 10	Days: 19
Sex: Female	Color or Race: White		Birthplace: Balto. Co. Md		
Occupation: Housewife		Where Residing if not at place of death: —			
Married, Single or Widowed: Married	Name of ~~Wife or~~ Husband: George Tyson				
Father's Name: James T. Norris			Father's Birthplace: Md.		
Mother's Maiden Name: Sarah A. Gosnell			Mother's Birthplace: Pa.		
Name of person giving information: James Tyson			How related to deceased: Son		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Uterus	How long: one year
Immediate: Metastatic involvement	How long: 8 months
Are the name, age, sex, color, date and place correctly given above? —	Signature of Physician: Jno. S. Green
	Address: Gittings Md.
Accident ~~or Suicide?~~	

Name in Full: Mary Wachter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: O'Donnell St. Balto Co.

Town: O'Donnell St. County: Balto Co.

Date of death: 1905 July 28

Age: 30. Years 9 Months 24. Days

Sex: Female

Color or Race: White

Birthplace: Germany.

Occupation: Housewife

Where Residing if not at place of death: at place of death

Married, Single or Widowed: married

Name of Wife or Husband: Geo. Wachter.

Father's Name: Henry Wosemann

Father's Birthplace: Germany.

Mother's Maiden Name: Caroline Gerhold.

Mother's Birthplace: "

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy. (4)

How long: 16 days.

Immediate: Explosion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: N. D. Smith M.D.

Address: 5785 Hanover St. Balto Md.

Accident or Suicide?

Name in Full: Fannie Ward

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Gorsuch Mills County: Baltimore

Date of death 1905 Month: July Day: 2 Age: Years — Months: 3 Days: 23

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: — Where Residing if not at place of death: Baltimore

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Frank Ward Father's Birthplace: America

Mother's Maiden Name: Sadie Ward (Not known maiden name) Mother's Birthplace: America

Name of person giving In formation: Mary Eddie How related to deceased: Nurse

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus How long: 2 months

Immediate: Marasmus How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Millard Stirling M.D.

Address: Shawe Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full Hatie Wilson

Certificate of Death

Town Texas County Talbot MARYLAND

Died at

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1905	7	26	Age	1	2			

~~Male~~ Female ~~White~~ Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Maiden Name ~~Nancy~~ Mary Wilson

Cause of Death: Primary Unknown as child died suddenly, no physician was attending.

Immediate

How long sick

Reported by Thos. C. Bussey

Address Texas

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To Be Buried
By Ernest Price
at Bazets chapel
Cortryporeli

Name in Full: Joseph Woodhead

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Spring Mill County: Baltimore

Date of death: 1905 Month: July Day: 24

Age: Years: Months: Days: 1

Sex: Male Color or Race: White Birthplace: Spring Mill

Occupation: None Where Residing if not at place of death:

~~Married~~, Single ~~or Widowed~~ Name of Wife or Husband:

Father's Name: James Woodhead Father's Birthplace: England

Mother's Maiden Name: Elizabeth Bailey Mother's Birthplace: England

Name of person giving In formation: James Woodhead How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 3 days.

Immediate: Pneumonia How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. G. Eldridge

Address: Spring Mill

~~Accident or Suicide?~~

Name in Full: Richard Wordhead

CERTIFICATE OF DEATH

MARYLAND

Town: Spurrs Point County: Baltimore

Died at

Date of death	Month	Day	Years	Months	Days
1905	July	24	—	—	1

Age

Sex: Male Color or Race: White Birthplace: Spurrs Point

Occupation: None Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband

Father's Name: James Wordhead Father's Birthplace: England

Mother's Maiden Name: Elizabeth Binley Mother's Birthplace: England

Name of person giving In formation: James Wordhead How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia How long: 1 Hour

Immediate: Pneumonia How long: 1 Hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. G. Eldred

Address: Spurrs Point

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A86916

Name in Full: Walter M Ziltman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto

Date of death 1905 — Month: July — Day: 19 — Years: — Months: 6 — Days: 1

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single ~~or Widowed~~ — Occupation:

Name of Wife ~~or~~ Husband:

Father's Name: William Zeltman — Father's Birthplace: Maryland

Mother's Maiden Name: Margaret Meredith — Mother's Birthplace: Maryland

Name of person giving information: William Zeltman — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 4 days

Immediate: Convulsions — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. C. L. Mulfeldt

Address:

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Barbara Jawosta

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Baltimore

Date of death: 1905 — Month: July — Day: 2nd — Age: Years: 34 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Housewife — Where Residing if not at place of death: ——

Married, Single or Widowed: Married — Name of ~~Wife~~ Husband: Peter Jawosta

Father's Name: David Vogel — Father's Birthplace: Germany

Mother's Maiden Name: Christina Reusch — Mother's Birthplace: Germany

Name of person giving Information: Peter Jawosta — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Impacted fecal matter, bowel obstruction, Hernia — How long: 16 hours.

Immediate: Hemorrhage and Shock — How long: 3½ hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. P. McConaughan M.D.

Address: 618 N. Clinton St.,

Accident or Suicide?

Sacred Heart Cemetery

July 5th 1905

Germanus Shane

Undertaker